

NATIONAL MATH & SCIENCE INITIATIVE INC  
FORM 990  
TAX YEAR 2018

National Math & Science Initiative Inc  
8350 N Central Expressway M-2200  
Dallas, TX 75206

Dear Tammy:

Enclosed are the following income tax returns prepared on behalf of National Math & Science Initiative Inc for the year ended December 31, 2018.

2018 990-T - Exempt Organization Business Income Tax Return  
2018 990 - Return of Organization Exempt from Income Tax  
2018 8879-EO - IRS E-file Signature Authorization Form

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,



Jeanette Verrelli  
BKD, LLP

National Math & Science Initiative Inc  
Instructions for Filing  
Form 8879-EO  
IRS e-file Signature Authorization for Form 990  
For the year ended December 31, 2018

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

BKD, LLP  
14241 Dallas Parkway, Suite 1100  
Dallas, TX 75254

Fax 972.702.0673 Attn: Dallas Tax

[eFileDallas@bkd.com](mailto:eFileDallas@bkd.com)

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2019. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2018

Name of exempt organization

NATIONAL MATH & SCIENCE INITIATIVE INC

Employer identification number

11-3769438

Name and title of officer

TAMMY KNAPP, CFO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|    |                            |                                     |   |  |    |                  |
|----|----------------------------|-------------------------------------|---|--|----|------------------|
| 1a | Form 990 check here ▶      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | <u>35248643.</u> |
| 2a | Form 990-EZ check here ▶   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | 2b | _____            |
| 3a | Form 1120-POL check here ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                           | 3b | _____            |
| 4a | Form 990-PF check here ▶   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5). . . . . | 4b | _____            |
| 5a | Form 8868 check here ▶     | <input type="checkbox"/>            | b | Balance Due (Form 8868, line 3c) . . . . .                             | 5b | _____            |

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 7 5 2 0 6 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7 5 4 6 5 9 4 4 0 1 6  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Jeanette Verrelli Date ▶ 10/10/2019

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

# Return of Organization Exempt From Income Tax

# 2018

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2018** calendar year, or tax year beginning , **2018**, and ending , **20**

**B** Check if applicable:

|                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Address change          |
| <input type="checkbox"/> | Name change             |
| <input type="checkbox"/> | Initial return          |
| <input type="checkbox"/> | Final return/terminated |
| <input type="checkbox"/> | Amended return          |
| <input type="checkbox"/> | Application pending     |

**C** Name of organization: **NATIONAL MATH & SCIENCE INITIATIVE INC**  
 Doing business as: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **8350 N CENTRAL EXPRESSWAY M-2200**  
 City or town, state or province, country, and ZIP or foreign postal code: **DALLAS, TX 75206**

**D** Employer identification number: **11-3769438**

**E** Telephone number: **(214) 346-1242**

**F** Name and address of principal officer: **DR. BERNARD HARRIS, JR.**  
**8350 N CENTRAL EXPRESSWAY, DALLAS, TX 75206**

**G** Gross receipts \$: **68,691,755.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.NMS.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **2006** **M** State of legal domicile: **TX**

**H(c)** Group exemption number ▶ \_\_\_\_\_

## Part I Summary

|  |   |
|--|---|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>NMSI'S MISSION IS TO ADVANCE STEM EDUCATION TO ENSURE ALL STUDENTS, ESPECIALLY THOSE FURTHEST FROM OPPORTUNITY, THRIVE AND REACH THEIR HIGHEST POTENTIAL.</b> |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>9.</b>   |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>9.</b>   |
|  | <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) <b>5</b> <b>144.</b>  |
|  | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>9.</b>  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 <b>7b</b> <b>3,800.</b>   |   |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>26,841,411.</b> <b>Prior Year</b> <b>24,912,466.</b> <b>Current Year</b>  |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) <b>9,223,860.</b> <b>26,841,411.</b> <b>24,912,466.</b>   |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>64,971.</b> <b>9,223,860.</b> <b>10,102,353.</b>   |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>28,657.</b> <b>64,971.</b> <b>138,006.</b>  |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>36,158,899.</b> <b>28,657.</b> <b>95,818.</b>   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>36,158,899.</b> <b>36,158,899.</b> <b>35,248,643.</b>   |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>4,832,943.</b> <b>4,832,943.</b> <b>4,413,415.</b>  |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b> <b>0.</b>   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>9,947,485.</b> <b>9,947,485.</b> <b>10,729,019.</b>  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b> <b>0.</b>  |
|  | <b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,974,944.</b>  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>26,272,776.</b> <b>26,272,776.</b> <b>30,964,868.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>41,053,204.</b> <b>41,053,204.</b> <b>46,107,302.</b> |   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-4,894,305.</b> <b>-4,894,305.</b> <b>-10,858,659.</b>                     |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) <b>48,056,842.</b> <b>Beginning of Current Year</b> <b>37,527,930.</b> <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26) <b>3,918,296.</b> <b>48,056,842.</b> <b>3,918,296.</b> <b>3,963,311.</b>  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <b>44,138,546.</b> <b>3,918,296.</b> <b>44,138,546.</b> <b>33,564,619.</b>  |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **JEANETTE VERRELLI** Preparer's signature: *Jeanette Verrelli* Date: **10/10/2019** Check  if self-employed PTIN: **P00742631**

Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**

Firm's address ▶ **14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254** Phone no. **972-702-8262**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

NMSI'S MISSION IS TO ADVANCE STEM EDUCATION TO ENSURE ALL STUDENTS, ESPECIALLY THOSE FURTHEST FROM OPPORTUNITY, THRIVE AND REACH THEIR HIGHEST POTENTIAL AS PROBLEM SOLVERS AND LIFELONG LEARNERS WHO PURSUE THEIR PASSIONS AND TACKLE THE WORLD'S TOUGHEST CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 32,989,677. including grants of \$ 1,056,081. ) (Revenue \$ 8,904,814. )

THE COLLEGE READINESS PROGRAM IS A COMPREHENSIVE APPROACH THAT INCREASES TEACHER EFFECTIVENESS AND STUDENT ACHIEVEMENT THROUGH TRAINING, TEACHER AND STUDENT SUPPORT, OPEN ENROLLMENT, AND AWARDS. THE PROGRAM DRAMATICALLY INCREASES THE NUMBER OF STUDENTS TAKING AND PASSING AP MATH, SCIENCE, AND ENGLISH EXAMS, AND EXPANDS ACCESS TO TRADITIONALLY UNDER-REPRESENTED STUDENTS.

4b (Code: ) (Expenses \$ 5,709,483. including grants of \$ 3,357,334. ) (Revenue \$ )

NMSI'S UTEACH EXPANSION PROGRAM TRANSFORMS THE WAY UNIVERSITIES PREPARE TEACHERS. DEVELOPED AT THE UNIVERSITY OF TEXAS AT AUSTIN TO TRANSFORM THE WAY COLLEGES AND UNIVERSITIES RECRUIT, PREPARE, AND INSPIRE NEW MATH AND SCIENCE TEACHERS, THIS PROGRAM RECRUITS MATH AND SCIENCE UNDERGRADUATE MAJORS TO PURSUE A TEACHING CAREER.

4c (Code: ) (Expenses \$ 535,969. including grants of \$ ) (Revenue \$ 1,293,357. )

LAYING THE FOUNDATION IS A THREE-YEAR TEACHER TRAINING PROGRAM FOR TEACHERS OF GRADES 3-12, WHICH GIVES MATH, SCIENCE, AND ENGLISH TEACHERS CONTENT-BASED, PEDAGOGY-DRIVEN, TEACHER-TO-TEACHER TRAINING. THE PROGRAM HELPS EDUCATORS WITH TEACHING STRATEGIES AND CONTENT KNOWLEDGE THAT INCREASE RIGOR IN THE CLASSROOM.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 39,235,129.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>   | X   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>   | X   |    |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>   |     | X  |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|  |  | Yes | No |
|--|--|-----|----|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 144</span>   |     |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .                           | X   |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | X   |    |
| b  | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .   | X   |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                   |     | X  |
| b  | If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     |     |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |     |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .  |     | X  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b> |  |     |    |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  |     | X  |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  |     |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .  |     |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                     |  |     |    |
| a  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                      |  |     |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>  |     |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>   |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                     |  |     |    |
| a  | Gross income from members or shareholders . . . . . <span style="float:right">11a</span>   |     |    |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>  |     |    |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>   |     |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span> . . . . .   |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>             |  |     |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span><br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                        |     |    |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>   |     |    |
| c  | Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>  |     |    |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <span style="float:right">14a</span>  |     | X  |
| b  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . . <span style="float:right">14b</span>  |     |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span><br>If "Yes," see instructions and file Form 4720, Schedule N. |     | X  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i> <span style="float:right">16</span>   |     | X  |

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7b (governance questions), 8a-8b (documentation), and 9 (reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a-16b covering local chapters, policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII  X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1)MR. NORMAN AUGUSTINE<br>DIRECTOR              | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (2)DR. SHIRLEY MALCOM<br>DIRECTOR                | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (3)LARRY WARDER<br>DIRECTOR                      | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (4)TOM ARSENEAULT<br>ACTING CHAIR START: 12/2018 | 2.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (5)DR. MARY ANN RANKIN<br>DIRECTOR               | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (6)DR. BRUCE ALBERTS<br>DIRECTOR                 | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (7)DR. NANCY GRASMICK<br>DIRECTOR                | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (8)JIM MONROE<br>DIRECTOR                        | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (9)SUSAN SCALFANI<br>DIRECTOR                    | 2.00<br>0.   | X  |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (10)KENNETH COHEN<br>CHAIRMAN END: 12/2018       | 2.00<br>0.   | X  |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (11)DR. BERNARD HARRIS, JR.<br>CEO START: 5/18   | 40.00<br>0.  |  |                       | X       |              |                              | 269,508. | 0.   | 44,581.   |   |
| (12)TAMMY KNAPP<br>CFO                           | 40.00<br>0.  |  |                       | X       |              |                              | 206,560. | 0.   | 39,101.   |   |
| (13)STACY MILES<br>CHCPO                         | 40.00<br>0.  |  |                       | X       |              |                              | 266,086. | 0.   | 53,745.   |   |
| (14)MATTHEW RANDAZZO<br>CEO                      | 40.00<br>0.  |  |                       | X       |              |                              | 250,769. | 0.   | 24,908.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) RICHARD DOUCETTE<br>-----<br>CIO                                   | 40.00<br>0.  |   |                       |         | X            |                              |        | 162,360.   | 0.  | 28,680.   |
| ( 16) MORTON ORLOV<br>-----<br>VP  | 40.00<br>0.  |   |                       |         |              | X                            |        | 193,042.   | 0.  | 37,598.   |
| ( 17) PAUL DUCHENE<br>-----<br>VP  | 40.00<br>0.  |   |                       |         |              | X                            |        | 167,119.   | 0.  | 24,859.   |
| ( 18) MELISSA MORITZ<br>-----<br>VP                                      | 40.00<br>0.  |   |                       |         |              | X                            |        | 162,757.   | 0.  | 23,733.   |
| ( 19) RONDA BRANDON<br>-----<br>VP                                       | 40.00<br>0.  |   |                       |         |              | X                            |        | 157,287.   | 0.  | 36,287.   |
| ( 20) JACLYN CASTMA<br>-----<br>VP                                       | 40.00<br>0.  |   |                       |         |              | X                            |        | 157,150.   | 0.  | 36,989.   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 992,923.   | 0.  | 162,335.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 999,715.   | 0.  | 188,146.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 1,992,638.   | 0.  | 350,481.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 28

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 1                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 7

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |                      |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|---|--|----------------------|----------------------|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                         | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |                      |                      |  |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |                      |                      |  |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            |                      |                      |  |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            |                      |                      |  |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>            | 17,306,642.          |                      |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>            | 7,605,824.           |                      |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .   |                      |                      |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |                      |                      | 24,912,466.          |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> COLLEGE READINESS PROGRAM  | <b>Business Code</b> | 900099               | 8,808,996.           | 8,808,996.   |   |  |
|   | <b>b</b> LAYING THE FOUNDATION TRAINING  |                      | 900099               | 1,293,357.           | 1,293,357.   |   |  |
|   | <b>c</b> _____   |                      |                      |                      |  |   |  |
|   | <b>d</b> _____   |                      |                      |                      |  |   |  |
|   | <b>e</b> _____   |                      |                      |                      |  |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |                      |                      |                      |  |   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . . ▶  |                      |                      | 10,102,353.          |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts). . . . . ▶  |                      |                      | 130,012.             |  |   | 130,012.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . ▶  |                      |                      | 0.                   |  |   |  |
|   | <b>5</b> Royalties . . . . . ▶   |                      |                      | 0.                   |  |   |  |
|   |  | (i) Real             | (ii) Personal        |                      |  |   |  |
|   | <b>6a</b> Gross rents . . . . .  |                      |                      |                      |  |   |  |
|   | <b>b</b> Less: rental expenses . . . . .   |                      |                      |                      |  |   |  |
|   | <b>c</b> Rental income or (loss) . . . . .   |                      |                      |                      |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶   |                      |                      | 0.                   |  |   |  |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities       | (ii) Other           |                      |  |   |  |
|   |  | 33,451,106.          |                      |                      |  |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .   |                      |                      | 33,443,112.          |  |   |  |
|   | <b>c</b> Gain or (loss) . . . . .  |                      |                      | 7,994.               |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . . ▶  |                      |                      | 7,994.               |  |   | 7,994.   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . <b>a</b> |                      |                      | 0.                   |  |   |  |
|   | <b>b</b> Less: direct expenses . . . . . <b>b</b>  |                      |                      | 0.                   |  |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶                         |  |                      | 0.                   |                      |  |   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . . <b>a</b> |  |                      | 0.                   |                      |  |   |  |
| <b>b</b> Less: direct expenses . . . . . <b>b</b>   |  |                      | 0.                   |                      |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶                          |  |                      | 0.                   |                      |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b>    |  |                      | 0.                   |                      |  |   |  |
| <b>b</b> Less: cost of goods sold . . . . . <b>b</b>                                      |  |                      | 0.                   |                      |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶                         |  |                      | 0.                   |                      |  |   |  |
| Miscellaneous Revenue   |  |                      | <b>Business Code</b> |                      |  |   |  |
| <b>11a</b> OTHER INCOME   |  | 900099               |                      | 95,818.              | 95,818.  |   |  |
| <b>b</b> _____  |  |                      |                      |                      |  |   |  |
| <b>c</b> _____  |  |                      |                      |                      |  |   |  |
| <b>d</b> All other revenue . . . . .  |  |                      |                      |                      |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶   |  |                      |                      | 95,818.              |  |   |  |
| <b>12 Total revenue.</b> See instructions. . . . . ▶                                      |  |                      |                      | 35,248,643.          | 10,198,171.  |   | 138,006.   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 4,413,415.            | 4,413,415.                      |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,746,298.            | 536,990.                        | 968,446.                               | 240,862.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .   | 7,229,498.            | 4,710,121.                      | 1,833,377.                             | 686,000.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 349,620.              | 220,586.                        | 93,774.                                | 35,260.                     |
| 9 Other employee benefits . . . . .  | 761,542.              | 483,892.                        | 208,699.                               | 68,951.                     |
| 10 Payroll taxes . . . . .   | 642,061.              | 396,831.                        | 182,487.                               | 62,743.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 28,823.               | 4,340.                          | 24,483.                                |                             |
| c Accounting . . . . .   | 52,380.               | 25,000.                         | 27,380.                                |                             |
| d Lobbying . . . . .   | 30,000.               |                                 | 30,000.                                |                             |
| e Professional fundraising services. See Part IV, line 17.   | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 4,105,766.            | 2,985,575.                      | 513,847.                               | 606,344.                    |
| 12 Advertising and promotion . . . . .   | 40,906.               |                                 | 40,906.                                |                             |
| 13 Office expenses . . . . .   | 466,417.              | 236,432.                        | 207,752.                               | 22,233.                     |
| 14 Information technology . . . . .  | 838,311.              | 630,275.                        | 170,909.                               | 37,127.                     |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 582,548.              | 357,457.                        | 184,182.                               | 40,909.                     |
| 17 Travel . . . . .  | 881,133.              | 414,005.                        | 335,401.                               | 131,727.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 104,006.              | 34,574.                         | 37,298.                                | 32,134.                     |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 86,179.               | 52,156.                         | 26,612.                                | 7,411.                      |
| 23 Insurance . . . . .   | 37,738.               | 22,819.                         | 11,676.                                | 3,243.                      |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a TEACHER & STUDENT TRAINING   | 15,917,610.           | 15,917,610.                     |  |                             |
| b UTEACH PROGRAM EXPENSES  | 1,076,509.            | 1,076,509.                      |  |                             |
| c EXAM FEES  | 1,078,626.            | 1,078,626.                      |  |                             |
| d EDUCATOR & STUDENT PAYMENTS  | 5,637,916.            | 5,637,916.                      |  |                             |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 46,107,302.           | 39,235,129.                     | 4,897,229.                             | 1,974,944.                  |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing   | 18,020,404.              | <b>1</b>    | 13,615,772.        |
|   | <b>2</b> Savings and temporary cash investments  | 998,864.                 | <b>2</b>    | 0.                 |
|   | <b>3</b> Pledges and grants receivable, net  | 5,153,701.               | <b>3</b>    | 4,052,223.         |
|   | <b>4</b> Accounts receivable, net  | 4,267,474.               | <b>4</b>    | 2,390,956.         |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.                       | <b>5</b>    | 0.                 |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.                       | <b>6</b>    | 0.                 |
|   | <b>7</b> Notes and loans receivable, net   | 0.                       | <b>7</b>    | 0.                 |
|   | <b>8</b> Inventories for sale or use   | 0.                       | <b>8</b>    | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges   | 183,834.                 | <b>9</b>    | 468,422.           |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 678,469.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 382,496.      |             |                    |
|   |  | 382,151.                 | <b>10c</b>  | 295,973.           |
|   | <b>11</b> Investments - publicly traded securities   | 19,050,414.              | <b>11</b>   | 16,704,584.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11   | 0.                       | <b>12</b>   | 0.                 |
|   | <b>13</b> Investments - program-related. See Part IV, line 11  | 0.                       | <b>13</b>   | 0.                 |
|   | <b>14</b> Intangible assets  | 0.                       | <b>14</b>   | 0.                 |
| <b>15</b> Other assets. See Part IV, line 11                        | 0.   | <b>15</b>                | 0.          |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 48,056,842.  | <b>16</b>                | 37,527,930. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | 2,121,116.               | <b>17</b>   | 1,691,274.         |
|   | <b>18</b> Grants payable   | 1,308,712.               | <b>18</b>   | 857,043.           |
|   | <b>19</b> Deferred revenue   | 148,954.                 | <b>19</b>   | 1,109,414.         |
|   | <b>20</b> Tax-exempt bond liabilities  | 0.                       | <b>20</b>   | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0.                       | <b>21</b>   | 0.                 |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0.                       | <b>22</b>   | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   | 0.                       | <b>23</b>   | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   | 0.                       | <b>24</b>   | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  | 339,514.                 | <b>25</b>   | 305,580.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | 3,918,296.               | <b>26</b>   | 3,963,311.         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |
|   | <b>27</b> Unrestricted net assets  | 13,378,245.              | <b>27</b>   | 14,250,523.        |
|   | <b>28</b> Temporarily restricted net assets  | 30,760,301.              | <b>28</b>   | 19,314,096.        |
|   | <b>29</b> Permanently restricted net assets  | 0.                       | <b>29</b>   | 0.                 |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                    |
|   | <b>30</b> Capital stock or trust principal, or current funds   |                          | <b>30</b>   |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>31</b>   |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>32</b>   |                    |
|   | <b>33</b> Total net assets or fund balances  | 44,138,546.              | <b>33</b>   | 33,564,619.        |
| <b>34</b> Total liabilities and net assets/fund balances            | 48,056,842.  | <b>34</b>                | 37,527,930. |                    |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 35,248,643.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 46,107,302.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -10,858,659. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 44,138,546.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 284,732.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0.           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 33,564,619.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .  | X   |    |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  | X   |    |



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: NATIONAL MATH & SCIENCE INITIATIVE INC  
Employer identification number: 11-3769438

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 28,789,374. | 41,521,637. | 29,860,611. | 26,841,411. | 24,912,466. | 151,925,499. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             | 0.           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             | 0.           |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 28,789,374. | 41,521,637. | 29,860,611. | 26,841,411. | 24,912,466. | 151,925,499. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |             |             |             |             |             | 43,282,360.  |
| <b>6 Public support.</b> Subtract line 5 from line 4  |             |             |             |             |             | 108,643,139. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2014    | (b) 2015    | (c) 2016    | (d) 2017    | (e) 2018    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>7</b> Amounts from line 4. . . . .   | 28,789,374. | 41,521,637. | 29,860,611. | 26,841,411. | 24,912,466. | 151,925,499. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 294.        | 40,565.     | 47,030.     | 64,971.     | 130,012.    | 282,872.     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |             |             |             |             |             | 0.           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .  | 164,053.    | 2,034,449.  | 55,187.     | 28,657.     |             | 2,282,346.   |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |             |             |             |             |             | 154,490,717. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |             |             |             |             | <b>12</b>   | 47,361,434.  |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |             |             |             |             |             |              |

**Section C. Computation of Public Support Percentage**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). . . . .  | <b>14</b> | 70.32% |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 50.49% |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>   |           |        |
| <b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>     |           |        |
| <b>b 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |        |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)), . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                          | <b>18</b> | % |

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year (optional) |
|---|----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                             |

| <b>Section B - Minimum Asset Amount</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| <b>Section C - Distributable Amount</b>   |          |  | Current Year |
|---|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b> |  |              |
| <b>2</b> Enter 85% of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year   | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |  |              |

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2018 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2018   |                             |  |   |
| a From 2013 . . . . .   |                             |  |   |
| b From 2014 . . . . .   |                             |  |   |
| c From 2015 . . . . .   |                             |  |   |
| d From 2016 . . . . .   |                             |  |   |
| e From 2017 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2018 distributable amount  |                             |  |   |
| i Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2018 from Section D, line 7:                     \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2018 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2014 . . . . .  |                             |  |   |
| b Excess from 2015 . . . . .  |                             |  |   |
| c Excess from 2016 . . . . .  |                             |  |   |
| d Excess from 2017 . . . . .  |                             |  |   |
| e Excess from 2018 . . . . .  |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2014            | 2015              | 2016           | 2017           | 2018 | TOTAL             |
|---------------|-----------------|-------------------|----------------|----------------|------|-------------------|
| OTHER INCOME  | 164,053.        | 2,034,449.        | 55,187.        | 28,657.        |      | 2,282,346.        |
| <b>TOTALS</b> | <u>164,053.</u> | <u>2,034,449.</u> | <u>55,187.</u> | <u>28,657.</u> |      | <u>2,282,346.</u> |



**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>NATIONAL MATH & SCIENCE INITIATIVE INC | Employer identification number<br>11-3769438 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 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).

Name of organization NATIONAL MATH &amp; SCIENCE INITIATIVE INC

Employer identification number  
11-3769438**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | THE KORET FOUNDATION<br>611 FRONT STREET<br>SAN FRANCISCO, CA 94111                        | \$ 615,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | EXXONMOBIL<br>5959 LAS COLINAS BLVD.<br>IRVING, TX 75039                                   | \$ 4,515,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | TEXAS INSTRUMENTS FOUNDATION<br>12500 TI BLVD. M/S 8656<br>DALLAS, TX 75266                | \$ 827,320.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | DEPARTMENT OF DEFENSE EDUCATION ACTIVITY<br>4800 MARK CENTER DR.<br>ALEXANDRIA, VA 22350   | \$ 6,387,196.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | UNITED STATES AIR FORCE ACADEMY<br>8110 INDUSTRIAL DRIVE STE 200<br>USAF ACADEMY, CO 80840 | \$ 4,765,878.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | U.S. DEPARTMENT OF EDUCATION<br>400 MARYLAND AVE., SW<br>WASHINGTON, DC 20202              | \$ 5,866,459.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization **NATIONAL MATH & SCIENCE INITIATIVE INC**

**Employer identification number**

11-3769438

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|--|---|----------------------|
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____                      | \$ _____  | _____                |

Name of organization NATIONAL MATH & SCIENCE INITIATIVE INC

Employer identification number  
11-3769438

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |  |
|--|--|
| Name of organization<br>NATIONAL MATH & SCIENCE INITIATIVE INC | Employer identification number<br>11-3769438 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1)      |             |         |   |  |
| (2)      |             |         |   |  |
| (3)      |             |         |   |  |
| (4)      |             |         |   |  |
| (5)      |             |         |   |  |
| (6)      |             |         |   |  |

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

Schedule C (Form 990 or 990-EZ) 2018

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br><b>(The term "expenditures" means amounts paid or incurred.)</b>  |  | <b>(a)</b> Filing organization's totals         | <b>(b)</b> Affiliated group totals                       |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .  |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |                 |                 |                 |                 |                  |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in)                      | <b>(a)</b> 2015 | <b>(b)</b> 2016 | <b>(c)</b> 2017 | <b>(d)</b> 2018 | <b>(e)</b> Total |
| <b>2a</b> Lobbying nontaxable amount                             |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                             |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots nontaxable amount                            |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                        |                 |                 |                 |                 |                  |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.  | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers? . . . . .  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .   |     | X  |         |
| <b>c</b> Media advertisements? . . . . .  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? . . . . .   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? . . . . .  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? . . . . .   |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .  |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .  |     | X  |         |
| <b>i</b> Other activities? . . . . .  | X   |    | 30,000. |
| <b>j</b> Total. Add lines 1c through 1i . . . . .   |     |    | 30,000. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .   |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? . . . . .  | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .                                   | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . . | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members . . . . .   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year . . . . .   | <b>2a</b> |  |
| <b>b</b> Carryover from last year. . . . .  | <b>2b</b> |  |
| <b>c</b> Total . . . . .  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .   | <b>3</b>  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? . . . . . | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES:

THE CONSULTING FIRM, BIGLEY AND BLIKLE, ASSISTS WITH ADVOCATING AND LOBBYING EFFORTS TO STRENGTHEN THE ORGANIZATION'S GOVERNMENTAL RELATIONS AND SPECIFIC LEGISLATIVE EFFORTS SUPPORTING ADVANCE PLACEMENT COURSES AND TEACHER EDUCATION. THE AMOUNT REPORTED ON PART II-B, LINE 1I IS THE LOBBYING PORTION OF THE CONSULTING FEES.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

Employer identification number

NATIONAL MATH & SCIENCE INITIATIVE INC

11-3769438

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .  |                                      | 418,365.                        | 153,845.                     | 264,520.       |
| <b>d</b> Equipment . . . . .   |                                      | 260,104.                        | 228,651.                     | 31,453.        |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 295,973.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) DEFERRED RENT   | 305,580.       |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► |                |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 35,533,375. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 284,732.    |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 284,732.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 35,248,643. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> |             |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 35,248,643. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 46,107,302. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> |             |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 46,107,302. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> |             |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 46,107,302. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE

INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED

ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE

FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

NATIONAL MATH & SCIENCE INITIATIVE INC

Employer identification number

11-3769438

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) UNIVERSITY OF ALABAMA - BIRMINGHAM<br>1720 2ND AVE S BIRMINGHAM, AL 35294      | 63-6005396 | 115                             | 243,812.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (2) UNIVERSITY OF MARYLAND<br>1000 HILLTOP CIRCLE COLLEGE PARK, MD 20742           | 52-6002033 | 115                             | 270,440.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (3) DREXEL UNIVERSITY<br>3141 CHESTNUT STREET PHILADELPHIA, PA 19104               | 23-1352630 | 501(C)(3)                       | 262,488.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (4) FLORIDA INTERNATIONAL UNIVERSITY<br>11200 SW 8TH STREET MIAMI, FL 33199        | 65-0177616 | 115                             | 196,901.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (5) OKLAHOMA STATE UNIVERSITY<br>400 S MONROE ST. STILLWATER, OK 74074             | 73-6017987 | 115                             | 362,897.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (6) UNIVERSITY OF WEST VIRGINIA<br>886 CHESTNUT RIDGE ROAD                         | 30-0449363 | 115                             | 366,628.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (7) GEORGE WASHINGTON UNIVERSITY<br>2121 I STREET NW WASHINGTON, DC 20052          | 53-0196584 | 115                             | 625,160.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (8) LOUISIANA TECH UNIVERSITY<br>P.O. BOX 3092 RUSTON, LA 71272                    | 72-6000792 | 501(C)(3)                       | 160,105.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (9) UNIVERSITY OF MASSACHUSETTS BOSTON<br>100 MORRISSEY BOULEVARD BOSTON, MA 02125 | 04-3167352 | 501(C)(3)                       | 113,671.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (10) UNIVERSITY OF NEVADA, RENO<br>1664 N VIRGINIA STREET RENO, NV 89557           | 88-6000024 | 115                             | 369,346.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (11) A+ COLLEGE READY<br>1230 1ST AVE N BIRMINGHAM, AL 35023                       | 63-1050676 | 501(C)(3)                       | 412,283.                 |                                   |   |                                       | AP PROGRAM                         |
| (12) COLORADO EDUCATION INITIATIVE<br>1660 LINCOLN ST. STE 2720 DENVER, CO 80264   | 26-1597530 | 501(C)(3)                       | 532,090.                 |                                   |   |                                       | AP PROGRAM                         |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MATH & SCIENCE INITIATIVE INC

Employer identification number

11-3769438

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                     | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) KENTUCKY SCIENCE AND TECHNOLOGY<br>P.O. BOX 1049 LEXINGTON, KY 40588 | 61-1135362 | 501(C)(3)                       | 111,708.                 |                                   |   |                                       | AP PROGRAM                         |
| (2) MOREHEAD STATE UNIVERSITY<br>150 UNIVERSITY BLVD MOREHEAD, KY 40351  | 61-1014029 | 115                             | 260,886.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (3) UNIVERSITY OF TEXAS ARLINGTON<br>P.O. BOX 19043 ARLINGTON, TX 76019  | 75-6000121 | 115                             | 125,000.                 |                                   |   |                                       | UTEACH PROGRAM                     |
| (4)  |            |                                 |                          |                                   |   |                                       |                                    |
| (5)  |            |                                 |                          |                                   |   |                                       |                                    |
| (6)  |            |                                 |                          |                                   |   |                                       |                                    |
| (7)  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

NMSI PREPARES A COMPREHENSIVE REPORT FOR ALL OF ITS DONORS ON A REGULARLY SCHEDULED BASIS AS REQUESTED. THESE REPORTS PROVIDE THE MOST RECENT RESULTS BY SITE AND PROGRAM, ALONG WITH FINANCIAL RESULTS COMPARED TO BUDGET. NMSI'S WEB-BASED DATA SYSTEMS PROVIDE A REPORTING PLATFORM FOR EACH SITE TO REPORT ITS RESULTS WHICH ARE SUBSEQUENTLY COMPARED TO THE REQUIRED MILESTONES. IN THE EVENT THAT MILESTONES ARE NOT MET IN THE REQUESTED TIME PERIOD, GRANT FUNDS ARE NOT RELEASED UNTIL THE GRANTEE IS IN COMPLIANCE WITH THE REQUIREMENTS DOCUMENTED IN EACH PARTICIPANT'S



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SIGNED AGREEMENT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

NATIONAL MATH & SCIENCE INITIATIVE INC

Employer identification number

11-3769438

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                           |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| DR. BERNARD HARRIS, JR.<br>1 CEO START: 5/18 | (i)  | 268,383.   | 0.                                  | 1,125.                              | 37,764.  | 6,817.                  | 314,089.                        |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| TAMMY KNAPP<br>2 CFO                         | (i)  | 195,060.   | 10,000.                             | 1,500.                              | 19,726.  | 19,375.                 | 245,661.                        | 10,000.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| STACY MILES<br>3 CHCPO                       | (i)  | 243,686.   | 20,600.                             | 1,800.                              | 27,074.  | 26,671.                 | 319,831.                        | 20,600.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| MATTHEW RANDAZZO<br>4 CEO                    | (i)  | 204,794.   | 45,000.                             | 975.                                | 10,472.  | 14,436.                 | 275,677.                        | 45,000.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| RICHARD DOUCETTE<br>5 CIO                    | (i)  | 158,673.   | 2,500.                              | 1,187.                              | 9,747.   | 18,933.                 | 191,040.                        | 2,500.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| MORTON ORLOV<br>6 VP                         | (i)  | 189,292.   | 1,950.                              | 1,800.                              | 11,925.  | 25,673.                 | 230,640.                        | 1,950.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| PAUL DUCHENE<br>7 VP                         | (i)  | 152,827.   | 12,492.                             | 1,800.                              | 14,120.  | 10,739.                 | 191,978.                        | 12,492.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| MELISSA MORITZ<br>8 VP                       | (i)  | 147,277.   | 13,680.                             | 1,800.                              | 17,665.  | 6,068.                  | 186,490.                        | 13,680.   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| RONDA BRANDON<br>9 VP                        | (i)  | 154,167.   | 1,620.                              | 1,500.                              | 14,670.  | 21,617.                 | 193,574.                        | 1,620.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| JACLYN CASTMA<br>10 VP                       | (i)  | 145,600.   | 9,750.                              | 1,800.                              | 12,933.  | 24,056.                 | 194,139.                        | 9,750.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS OR CHARTER TRAVEL:

OFFICERS AND DIRECTORS OF NATIONAL MATH AND SCIENCE INITIATIVE, IN UNUSUAL CIRCUMSTANCES, MAY TRAVEL FIRST-CLASS WHEN THERE ARE NO OTHER ACCOMODATIONS AVAILABLE TO MEET THEIR NEEDS. THE FIRST-CLASS TRAVEL EXPENSES ARE SUBJECT TO NATIONAL MATH AND SCIENCE INITIATIVE'S WRITTEN EXPENSE REIMBURSEMENT POLICY AND SUBSTANTIATION OF THE TRAVEL EXPENSE IS REQUIRED, PRIOR TO REIMBURSEMENT.

SCHEDULE J, PART II, COLUMN (C)

RETIREMENT AND OTHER DEFERRED COMPENSATION:

SOME AMOUNTS IN THIS COLUMN ARE DUE TO BONUSES THAT WERE DEFERRED IN TAX YEAR 2018. THE DEFERRED BONUS WILL BE REPORTED IN COLUMN B(II) AND COLUMN F WHEN THEY ARE PAID IN TAX YEAR 2019.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NATIONAL MATH & SCIENCE INITIATIVE INC

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

11-3769438

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS USED TO REVIEW FORM 990:

THE ORGANIZATION ENGAGES A PAID PREPARER EXPERIENCED IN THE PREPARATION OF FORM 990 TO PREPARE THE FORM. ONCE THE 990 IS COMPLETED IN DRAFT FORM, IT IS REVIEWED BY NATIONAL MATH AND SCIENCE INITIATIVE'S CFO AND PRESENTED TO THE AUDIT COMMITTEE MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY:

NMSI'S CONFLICT OF INTEREST POLICY REQUIRES ALL STAFF, INCLUDING OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES, TO SIGN AND RETURN AN ANNUAL COMPLIANCE STATEMENT DISCLOSING ANY CONFLICT. UPON DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST, NMSI WILL TAKE APPROPRIATE STEPS TO PROTECT AGAINST ANY ACTUAL OR POTENTIAL CONFLICT. THESE STEPS INCLUDE, BUT ARE NOT LIMITED TO, REQUIRING REFRAINMENT FROM BEING INVOLVED IN ANY DECISION MADE BY NMSI REGARDING ITS DEALINGS WITH THE CONFLICTED PERSON, BUSINESS OR ENTERPRISE.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

PROCESS FOR DETERMINING EXECUTIVE LEVEL COMPENSATION:

NATIONAL MATH AND SCIENCE INITIATIVE HAS A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WHICH REVIEWS AND APPROVES THE COMPENSATION OF THE ORGANIZATION'S CEO. THE COMPENSATION COMMITTEE USES SALARY DATA FROM

|  |  |
|--|--|
| Name of the organization<br>NATIONAL MATH & SCIENCE INITIATIVE INC | Employer identification number<br>11-3769438 |
|--|--|

PUBLISHED COMPENSATION SURVEYS OF NON-PROFIT ORGANIZATIONS TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE NATIONAL MATH AND SCIENCE INITIATIVE CEO. THE COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CEO USING THE SAME DATA.

DURING 2018, NMSI HIRED A NEW CEO AND THE CEO SALARY WAS DETERMINED BY THE BOARD OF DIRECTORS, AND THE CEO REVIEWED AND APPROVED ALL OTHER EXECUTIVE LEVEL COMPENSATION. DOCUMENTATION OF THESE REVIEWS ARE KEPT IN THE HR PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

NMSI MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN (F)

ESTIMATED AMOUNTS OF OTHER COMPENSATION FROM THE ORGANIZATION:

AMOUNTS IN THE COLUMN ARE DUE TO THE BONUSES THAT WERE DEFERRED IN TAX YEAR 2018. THE DEFERRED BONUSES WILL BE REPORTED IN COLUMN (D) WHEN THEY ARE PAID IN TAX YEAR 2019.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| WEST COAST ANALYTICS, LLC<br>2728 MCKINNON STREET<br>DALLAS, TX 75201        | RESEARCH                       | 698,600.            |
| INTEGRAL ED SERVICES, LLC<br>422 STATE STREET #16<br>BROOKLYN, NY 11217-1761 | CONSULTING                     | 531,137.            |

|  |  |
|--|--|
| Name of the organization<br>NATIONAL MATH & SCIENCE INITIATIVE INC | Employer identification number<br>11-3769438 |
|--|--|

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| CICERO RESEARCH<br>35 N RIO GRANDE ST.<br>SALT LAKE CITY, UT 84101           | RESEARCH                       | 160,000.            |
| THE GRAIDE NETWORK<br>641 W LAKE ST SUITE 200<br>CHICAGO, IL 60661           | CONSULTING                     | 144,300.            |
| BELLWETHER EDUCATION PARTNERS<br>517 BOSTON POST RD 171<br>SUDBURY, MA 01776 | CONSULTING                     | 124,150.            |

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print  | Enter filer's identifying number, see instructions                     |   |
|--|--|---|
|  | Name of exempt organization or other filer, see instructions.          | Employer identification number (EIN) or |
|  | NATIONAL MATH & SCIENCE INITIATIVE INC                                 | 11-3769438                              |
|  | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN)            |
| 8350 N CENTRAL EXPRESSWAY M-2200   |  |   |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. |  |   |
| DALLAS, TX 75206   |  |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

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

TAMMY KNAPP

- The books are in the care of ▶ 8350 N CENTRAL EXPRESSWAY, SUITE M-2200 DALLAS TX 75206

Telephone No. ▶ 214 346-1242 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2018 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

|   |              |    |
|---|--------------|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**