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### Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public Inspection

| A F                         | or the              | 2010 calendar year, or tax year beginning JUL 1, 2010 and ending                                       | <u>JUN 30, 2011</u>              |                                |
|-----------------------------|---------------------|--------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|
| Вс                          | heck if             | C Name of organization                                                                                 | D Employer identifi              | cation number                  |
| aų                          | pplicable           | THE SCHOOL OF JOURNALISM AND MASS                                                                      |                                  |                                |
|                             | Addres<br>change    | COMMUNICATION FOUNDATION OF NC, INC.                                                                   |                                  |                                |
| $\overline{\Box}$           | Name<br>change      |                                                                                                        | 56-6                             | 034739                         |
| Ħ                           | ]initial<br>return  | Number and street (or P.O. box if mail is not delivered to street address)  Room/s                     |                                  |                                |
| 干                           | Termin              | · · · · · · · · · · · · · · · · · · ·                                                                  | 1 -                              | )962-1204                      |
| 늗                           | Jated<br>∏Amend     | CAMPOS BOX 3303, CARROLL HALL                                                                          |                                  | 1,359,539.                     |
| $\vdash$                    | Jreturn<br>∃Applica | City or town, state or country, and ZIP + 4                                                            | G Gross receipts \$              |                                |
|                             | Application pendin  |                                                                                                        | H(a) Is this a group re          |                                |
|                             | ·                   | F Name and address of principal officer: ORAGE QUARLES 111                                             | for affiliates?                  | Yes X No                       |
|                             |                     | SAME AS C ABOVE                                                                                        | H(b) Are all affiliates inc      |                                |
|                             |                     |                                                                                                        | 527 If "No," attach a            | list. (see instructions)       |
|                             |                     | e: ▶ WWW.JOMC.UNC.EDU                                                                                  | H(c) Group exemptio              |                                |
| K F                         | orm of              | organization: X Corporation Trust Association Other ▶ L                                                | <u>/ear of formation: 1949 N</u> | A State of legal domicile: NC  |
| Pa                          | rt I                | Summary                                                                                                |                                  |                                |
| ø.                          | 1 1                 | Briefly describe the organization's mission or most significant activities. ${	t TO 	t SUPPC}$         | RT FUNDRAISIN                    | G AT THE                       |
| Š                           | ,                   | SCHOOL OF JOURNALISM AND MASS COMMUNICATION                                                            | AT UNC CHAPEL                    | HILL.                          |
| raa                         |                     | Check this box   If the organization discontinued its operations or disposed of r                      |                                  |                                |
| )<br>Ve                     | ľ                   | Number of voting members of the governing body (Part VI, line 1a)                                      | 3                                | 21                             |
| ğ                           | ľ                   | Number of independent voting members of the governing body (Part VI, line 1b)                          | 4                                | 21                             |
| ح<br>د                      |                     | Total number of individuals employed in calendar year 2010 (Part V, line 2a)                           | 5                                | 0                              |
| Activities & Governance     | 1                   | Total number of volunteers (estimate if necessary)                                                     | 6                                | 20                             |
| ξį                          |                     | Total unrelated business revenue from Part VIII, column (C), line 12                                   | 7a                               | 0.                             |
| Ă                           |                     |                                                                                                        | 7 <u>a</u><br>7b                 | 0.                             |
| _                           | DI                  | Net unrelated business taxable income from Form/990-T, line 34                                         |                                  |                                |
|                             |                     | RECEIVED                                                                                               | Prior Year                       | Current Year                   |
| Revenue                     |                     | Contributions and grants (Part VIII, line 1h)                                                          | 4,048,285.                       | 590,386.                       |
|                             |                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                | 0.                               | 0.                             |
| ě                           |                     |                                                                                                        | 582,474.                         | 769,153.                       |
| _                           |                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                               | 0.                               | 0.                             |
|                             | 12                  | Total revenue - add lines 8 through 11 (must equal Part-Vill, column (A), line 12)                     | 4,630,759.                       | 1,359,539.                     |
|                             | 13 (                | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                       | 1,014,675.                       | 1,213,694.                     |
|                             | 14                  | Benefits paid to or for members (Part IX, column (A), line 4)                                          | 0.                               | 0.                             |
| S                           | 15                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                      | 0.                               | 0.                             |
| Expenses                    | 16a I               | Professional fundraising fees (Part IX, column (A), line 11e)                                          | 0.                               | 0.                             |
| 8                           | Ь.                  | Total fundraising expenses (Part IX, column (D), line 25) > 117,604.                                   |                                  |                                |
| ŵ                           | 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                                           | 226,691.                         | 207,976.                       |
|                             | 1                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                              | 1,241,366.                       | 1,421,670.                     |
|                             | 19                  | Revenue less expenses Subtract line 18 from line 12                                                    | 3,389,393.                       |                                |
| Net Assets or Fund Balances |                     |                                                                                                        | Beginning of Current Year        | End of Year                    |
| anc                         | 20                  | Total assets (Part X, line 16)                                                                         | 17,862,645.                      | 19,193,389.                    |
| SE<br>B                     | 20                  | Total liabilities (Part X, line 26)                                                                    | 0.                               | 0.                             |
| E e                         | 21                  | · · · · · · · · · · · · · · · · · · ·                                                                  | 17,862,645.                      | 19,193,389.                    |
|                             | <u>22</u><br>       | Net assets or fund balances. Subtract line 21 from line 20 Signature Block                             | 11,002,043.                      | 19,199,309.                    |
| _                           |                     |                                                                                                        | atamanta, and to the heat of m   | ny kaomindan and haliaf it in  |
|                             |                     | Ities of perjury, I declare that I have examined this return, including accompanying schedules and st  |                                  | iy knowieuge and belief, it is |
| true,                       | correc              | t, and complete. Declaration of preparer (other than officer) is based on all information of which pre | parer has any knowledge.         |                                |
|                             |                     | Signature of officer                                                                                   | Date                             |                                |
| Sig                         | ו                   | $k \circ \lambda / k = k$                                                                              | Dale P/O                         | 1,                             |
| Her                         | e                   | SUSAN KING, DEAN                                                                                       | 3/20/                            | //                             |
| `—                          |                     | Type or print name and title                                                                           | To-A- ( Tohank F                 |                                |
| 2                           |                     | Print/Type preparer's name Preparer's signature                                                        | Datey Check                      | PTIN                           |
| Paid                        | ı ļ                 | ROBIN MCDUFFIE Robin McDuffie                                                                          | 3/27/12 self-employ              | ed                             |
| Prep                        | arer                | Firm's name BLACKMAN & SLOOP, CPAS, P.A. U                                                             | Firm's EIN                       |                                |
| Use                         | Only                | Firm's address 1414 RALEIGH RD, SUITE 300                                                              |                                  |                                |
| <b></b> _                   |                     | CHAPEL HILL, NC 27517                                                                                  | Phone no. (                      | 919)942-8700                   |
| May                         | the IF              | RS discuss this return with the preparer shown above? (see instructions)                               |                                  | X Yes No                       |

Form **990** (2010)

THE SCHOOL OF JOURNALISM AND MASS

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)?                                                                                                        |      |          |              |
|     | If "Yes," complete Schedule A                                                                                                                                                                              | 1    | X        |              |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                             | 2    | Х        | ļ            |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                            |      |          | l            |
|     | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                       | 3    |          | X            |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                                                                           |      |          |              |
|     | during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                | 4    |          | X            |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                               |      |          |              |
|     | sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                             | 5    |          | X            |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to                                                                                      |      |          |              |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                               | 6    |          | 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? If "Yes," complete Schedule D, Part II                                                                                                       | 7    |          | X            |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                               |      |          |              |
|     | Schedule D, Part III                                                                                                                                                                                       | 8    |          | <u> X</u>    |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide                                                                                |      |          |              |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                                                                                    | 9    |          | X            |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?                                                                                     |      |          |              |
|     | If "Yes," complete Schedule D, Part V                                                                                                                                                                      | 10   | Х        | ļ            |
| 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                                                                           |      | ļ        |              |
|     | as applicable.                                                                                                                                                                                             |      |          |              |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                |      |          |              |
|     | Part VI                                                                                                                                                                                                    | 11a  |          | X            |
| Ь   | 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? If "Yes," complete Schedule D, Part VII                                                                                                                                | 11b  | X        | <del> </del> |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                                                                                 | 44.  |          | x            |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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 | 11c  |          |              |
| u   | Part X, line 16? If "Yes," complete Schedule D, Part IX                                                                                                                                                    | 11d  |          | х            |
| _   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                      | 11e  |          | 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)? If "Yes," complete Schedule D, Part X                                                                                     | 11f  | x        |              |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                        |      |          |              |
|     | Schedule D, Parts XI, XII, and XIII                                                                                                                                                                        | 12a  | х        |              |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                  |      |          |              |
| _   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional                                                                               | 12b  | i        | х            |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                          | 13   |          | Х            |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                | 14a  |          | Х            |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                    |      |          |              |
|     | and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                                                                                                    | 14b  |          | X            |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization                                                                                  |      |          |              |
|     | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                                                                                                                | 15   |          | X            |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals                                                                             |      |          |              |
|     | located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                                                                                                         | 16   |          | 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? If "Yes," complete Schedule G, Part !                                                                                                                                         | 17_  |          | Х            |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                               |      |          |              |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                          | 18   | <u> </u> | Х            |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                     |      |          |              |
|     | complete Schedule G, Part III                                                                                                                                                                              | 19   |          | X            |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                          | 20a  |          | X            |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that                                                                         |      |          |              |
|     | operate one or more hospitals must attach audited financial statements (see instructions)                                                                                                                  | 20b  | L        |              |
|     |                                                                                                                                                                                                            | Form | 990 (    | 2010)        |

Form 990 (2010)

56-6034739

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| Pa  | rt IV Checklist of Required Schedules (continued)                                                                               |      |              | <u> </u> |
|-----|---------------------------------------------------------------------------------------------------------------------------------|------|--------------|----------|
|     | •                                                                                                                               |      | Yes          | No       |
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the            |      |              |          |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                     | 21   | х            |          |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,    |      |              |          |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                              | 22   |              | х        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |      |              |          |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |      |              |          |
|     | Schedule J                                                                                                                      | 23   | х            |          |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |      |              |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |      |              |          |
|     | Schedule K. If "No", go to line 25                                                                                              | 24a  |              | х        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b  |              |          |
|     | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |      |              |          |
|     | any tax-exempt bonds?                                                                                                           | 24c  |              |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d  |              |          |
|     | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a              |      |              |          |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I                                                      | 25a  |              | х        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      |      |              |          |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |      |              |          |
|     | Schedule L, Part I                                                                                                              | 25b  |              | х        |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified  |      |              |          |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                         | 26   |              | х        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |      |              |          |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete            |      |              |          |
|     | Schedule L, Part III                                                                                                            | 27   |              | Х        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |      |              |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions)                                                      |      |              |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a  |              | Х        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b  |              | X        |
|     | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |      |              |          |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV                                          | 28c  |              | Х        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29   | X            |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |      |              |          |
|     | contributions? If "Yes," complete Schedule M                                                                                    | _30  |              | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?                                                    |      |              |          |
|     | If "Yes," complete Schedule N, Part I                                                                                           | 31   |              | X        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |      |              |          |
|     | Schedule N, Part II                                                                                                             | 32   |              | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |      |              |          |
|     | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                                       | _33  |              | X        |
| 34  | Was the organization related to any tax-exempt or taxable entity?                                                               |      |              |          |
|     | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1                                                                 | 34   | X            |          |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?                                       | 35   |              | Х        |
| а   |                                                                                                                                 |      |              |          |
|     | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2                                                               |      | !            |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?      |      |              |          |
|     | If "Yes," complete Schedule R, Part V, line 2                                                                                   | 36   |              | Х        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |      |              |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37   | L            | X        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?                   |      |              |          |
|     | Note, All Form 990 filers are required to complete Schedule O                                                                   | 38   | X            |          |
|     |                                                                                                                                 | Form | <b>990</b> ( | 2010)    |

Form 990 (2010)

Form 990 (2010) COMMUNICATION FOUNDATION OF NC, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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| Enter the number reported in Box 3 of Form 1096, Enter 0 if not applicable  Enter the number of Forms W-29 excluded in line 1a Enter 0 if not applicable  Enter the number of Forms W-29 excluded in line 1a Enter 0 if not applicable  Enter the number of Forms W-29 excluded in line 1a Enter 0 if not applicable  Enter the number of Forms W-29 excluded in line 1a Enter 0 if not applicable  Enter the number of employees reported on Form W-3, Transmitted or Wage and Tax Statements.  Intel of the celendary year entering with or within the year covered by the return  1b if at least one is reported on line 2a, dot the organization file all required federal employment tax returns?  2c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.  Intel east one is reported on line 2a, dot the organization file all required federal employment tax returns?  2c Enter the number of entering with organization file all required federal employment tax returns?  2d If we call the call of the organization with the service of the Gene instructions)  2d If the organization was unrelated business gross income of \$1,000 or more during the year?  2d If we any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or a foreign country (such as a shark account, secribes account, or other financial account)?  2d If we any time during the calendar year, did the organization was an interest than 3 in a signature or other authority over, a financial account or organization and any time during the tax year?  2d If we are in the arms of the foreign country leave as a shark account, secribes account, or other financial accountly?  2d If we are in the arms of the foreign country leave as a shark account, secribes account, or other financials accountly?  2d If we are not tax deductible?  2d If we are not tax deductible?  2d If we are not tax deductible?  2d If we are are tax deductible?  2d If we are are tax deductible?  2d If we are are ar     |     | Check if Schedule O contains a response to any question in this Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |       | $\Box$                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|--------------------------------------------------|
| 1a Enter the number reported in Box 3 of Form 1096, Enter -0* not applicable 1b 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | Vac   | No.                                              |
| b Enter the number of Forms W2G included in line 1a Enter O-If not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | 103   | 110                                              |
| c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without gambing) without gambing) without gambing) without gambing) within the very subject of the calendar year ending with or within the year covered by this return  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If all the organization have unreaded business gross some of \$1.000 or more during the year?  3 If the very has it filed a Form 990. For this year? If No., provide an explanation in Schedule O  3 If all the organization have unreaded business gross some of \$1.000 or more during the year?  3 At any time during the celerady 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?)  4 If Yes, "there the name of the foreign country (such as a bank account, securities account, or other financial account?)  5 If Yes, and 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?  6 Does the organization and party to a prohibited tax sheller transaction and explanation and party for goods and services provided to the payor?  5 If Yes, and the organization have much gives receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible?  6 If Yes, and the organization here be not tax deductible?  6 If Yes, and the organization here were a payment in excess of \$5 male party as a contribution and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Under the organization than the payor section of the value of the goods or services provided?  9 If Yes, and the organ  | _   | ' '' '' '' '' '' '' '' '' '' '' '' '' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |       | 1                                                |
| distribution winnings to prize winners?  a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-five (see instructions)  b If Yes, "and at filed a Form 990Th for this year? If "No, "provide an explanation in Schedule O  b If Yes," and at filed a Form 990Th for this year? If "No, "provide an explanation in Schedule O  b If Yes," and at filed a Form 990Th for this year? If "No, "provide an explanation in Schedule O  b If Yes," and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  b If Yes," and the regarization and the foreign country   □ See instructions for filing requirements for Form 10 F00.221, Report of Foreign Bank and Financial Accounts.  b If Yes," and the organization that it was or is a party to a prohibited tax shelter fransaction?  b If Yes," and the organization that it was or is a party to a prohibited tax shelter fransaction?  b If Yes," and the organization that it was or is a party to a prohibited tax shelter fransaction?  c If Yes, "I on the soft of Sh. did the organization that it was or is a party to a prohibited tax shelter fransaction?  b If Yes," and the organization that was encounted by the soft of the organization shelt it was not a party to a prohibited tax shelter fransaction?  c If Yes, "I did the organization to tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  b If Yes," and dother organization incitive did not not wave on tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  b If Yes," indicate the number of forms 822 filed during the year organization and party for goods and services provided?  c If Yes, "I       |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       | 1                                                |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendary sere androg with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 200, you may be required to e-file. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No, "provide an explanation in Schedule O  3c At any time during the calendary year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so-curring an account, or other financial account?)  5c If "Yes," the file is organization from TD F 90221, Report of Foreign Bank and Financial Accounts.  5c Was the organization have the organization that it was or is a party to a prohibited tax whether transaction?  6c If "Yes," to line 5a or 5b, did the organization file Form 88617?  6d Does the organization have annual gross necepts that are normally greater than \$100,000, and did the organization solicit any vorithibutions that were not tax deductible?  6d If "Yes," the file organization include with very solicitation an express statement that such contributions or grifts were not tax deductible?  6d If "Yes," indicate that number of Forms 8822 filed during the year  6d If the organization include with very solicitation an express statement that such contributions or grifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8922 filed during the year  9d Uffer the organization include with very solicitation an express provided?  7d If Yes, "Indicate the number of Forms 8922 filed during the year  9d Uffer organization organization section of the value of the goods or services provide     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c  | х     |                                                  |
| b If a feast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  X  3b If Yes, "has it filed a Form 990 To fir this year? If *No.", provide an explanation in Schedule O  3b A At any time during the calendary 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)?  5b If Yes, "there the name of the foreign country   ▶  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, "to line 5a or 5b, did the organization file Form 888617?  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that many receive deductible contributions under section 170(c).  8d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9d If Yes, "did the organization notify the donor of the value of the goods or services provided?  9d If Yes, "did the organization notify the donor of the value of the goods or services provided?  9d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9d If Yes, "directly or minimation of the value of the goods or services provided?  9d If Yes, "directly or minimation of the value of the goods or services provided?  9d If Yes, "indirectly or minimation of the value of the go      | 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |       |                                                  |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 Did the organization have unrielated business gross income of \$1,000 or more during the year? 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If "Yes," other the name of the foreign country.  6 See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.  6 Was the organization aparty to a prohibited tax shelfer transaction?  6 Doss the organization aparty to a prohibited tax shelfer transaction?  6 Doss the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax ediductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 If "Yes," indicate the number of Forms 8282 filed during the year  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 If "Yes," indicate the number of Forms 8282 filed during the year  13 If "Yes," indicate the number of Forms 8282 filed during the year  14 If "Yes," indicate the number of Forms 8282 filed during the year  15 Port of the organization received a contribution of criarcity, to pay premiums on a personal benefit contract?     |     | filed for the calendar year ending with or within the year covered by this return 2a 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |       |                                                  |
| 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2b  |       | ĺ                                                |
| b If "Yes," has filled a Form 990-T for this year? If "No," provide an explanation in Schedule O  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)?  b If "Yes," enter the name of the foreign country   See instructions for filling requirements for from TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If "Yes," to line 5a or 5b, did the organization fill a form that was repaired to the organization neutral filling        |     | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |       |                                                  |
| 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?)  b if "Yes," enter the name of the foreign country ▶  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization raper to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization that are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5b If "Yes," did the organization notify the donor of the value of the goods or services provided?  6c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7f Did the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organizations maintaining donor advised funds, and section \$90(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds, and section \$90(a)(3) supporting organizations. Did the supporting organization is payment to the acc  | За  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _3a |       | X                                                |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country "  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 If "Yes," to line 5a or 5b, did the organization file Form 8886-17?  60 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?  60 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  61 If "Yes," did the organization receive deductible contributions under section 170(c).  62 If "Yes," did the organization notify the donor of the value of the goods or services provided?  63 If "Yes," did the organization notify the donor of the value of the goods or services provided?  64 If "Yes," indicate the number of Forms 8282 filed during the year  65 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  76 If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organizations. Portion of the value of the goods or services business holdings at any time during the year?  77 If the organization received a contribution of cars, boats, anglanes, or other vehicles, did the organizations. Portion the value of the goods or services business holdings at any time during the year?  78 Sponsoring organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organizations maintaining donor advised funds.  79 Sponsoring organization make any taxable distributions under section 4966?  79 Spo     | b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b  |       |                                                  |
| b If "Yes," enter the name of the foreign country. See enstructions for filling requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  58 Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  50 If "Yes," to the Sa or 5b, did the organization file Form 8886-7?  50 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?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  50 Organizations that may receive deductible contributions under section 170(c).  51 If "Yes," 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?  52 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?  52 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?  53 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?  54 If "Yes," did the organization network provided to the payor?  55 Did the organization receive a payment in excess of \$75 made partly as a contribution of tangle personal property for which it was required to file Form 8282?  56 Did the organization network and contributions under set francises of tanglible personal property for which it was required?  57 If If the organization network and contribution of qualified intellectual property, did the organization file Form 8289 as required?  58 Spensoring organizations maintaining donor advised funds.  59 Spensoring organization and | 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |       |                                                  |
| See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the originary to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the originarization that it was or is a party to a prohibited tax shelter transaction?  5b If Yes, *to line 5a or 5b, did the originarization file Form 8886-17?  6a Does the originarization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If Yes, *did the originarization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization eleve a payment in excess ol 55° mode party as a contribution and partly for goods and services provided to the payor?  b If Yes, *did the originarization include with every solicitation and partly for goods and services provided to the payor?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8826?  d If Yes, *indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  Sponsoring organizations maintaining doner advised finds and section 598(a)3 supporting organizations. Did the supporting organizations maintaining doner advised funds and section 598(a)3 supporting organizations. Did the supporting organizations maintaining doner advised funds and section 598(a)3 supporting organizations. Did the supporting organizations maintaining doner advised funds.  a Did the organization make any taxable distributions under section 4986?  b Did the organization make a distribution to a do     |     | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4a  |       | X                                                |
| 5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b   | If "Yes," enter the name of the foreign country.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |       | ĺ                                                |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file Form 886-T?  8 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  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?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?  Spensoring organizations maintaining donor advised funds and section 598(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  Section 601(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 90, Part VIII, line 12  B Gross receipts, included on Form 90, Part VIII, line 12  B Gross receipts, included on Form 90, Part VIII, line 12  B Gross receipts, included on Form 90, Part VIII, line 12  B Gross receipts, included on Form 90, Part VIII, line 12, or public use of club facilities  11b   If Yes, "Inter the amount of tax-exempt interest received or accrued during the     |     | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |       | ĺ                                                |
| c If "Yes," to line 5 aor 5 b, 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?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$5^6\$ made partly as a contribution and partly for goods and services provided to the payor?  7 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?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  12 If the organization make any favable distribution of payments, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organizations maintaining donor advised funds and section 598(3)3 supporting organizations. Did the supporting organization make any favable distributions under section 4966?  D off the organization make any favable distributions under section 4966?  D off the organization make any favable distributions under section 4966?  D off the organization make any favable distributions under section 4966?  D off the organization make a distribution to a donor, donor advisor, or related person?  12 Gross income from members or shareholders  D off the organization received from them.)  12 Section 501(c)(2) organizations. Enter:  a G   | 5a  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5a  |       |                                                  |
| 6a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 1 |       | X                                                |
| any contributions that were not tax deductible?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  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?  7 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?  d if "Yes," indicate the number of Forms 8292 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f) Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract?  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 qualified intellectual property, did the organization file Form 8899 as required?  7 th if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Spensoring organizations maintaining denor advised funds and section 508(a)3 supporting organizations. Did the supporting organization are advised fund and section 508(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 Section 691(c)(2) qualified nonprofit health i     | _   | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5c  |       | -                                                |
| b   f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  b   f "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?  d   f "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6a  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       | .,                                               |
| were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c). 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? 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? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization in received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization make any davised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? g Did the organization make a distribution to a donor, donor advised, funds. a Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization meake a distribution to a donor, donor advisor, or related person? g Did the organization meake a distribution to a donor, donor advisor, or related person? g Did the organization meake any taxable distributions under section 4966? g Did the organization from members or shareholders g Did the organization section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or re     | _   | ,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6a  |       |                                                  |
| 7 Organizations that may receive deductible contributions under section 170(c). 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? 7 To 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? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To W the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If W the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Section 501(c)(29) qualified nonprofit health insurance issuers.  11a 12b 13 Section 601(c)(29) qualified nonprofit health insurance issuers. 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization increased to issue qualified health plans in more than one state? 15 Note, See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves on hand 16 Di     | D   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C.  |       | İ                                                |
| 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?  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?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  70 bit the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  71 bit the organization received a contribution of qualified intellectual property, did the organization file a Form 1998-07  The Sepansoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any stanble distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11b Section 501(c)(2) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization or maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  b If "Yes," enter the amo     | 7   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OD  |       | <u> </u>                                         |
| b   ff "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? d   ff "Yes," indicate the number of Forms 8282 filed during the year e   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f   Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f   Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f   If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f   Mills   Did the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and organization make any taxable distributions under section 4966? b   Did the organization make any taxable distributions under section 4966? b   Did the organization make any taxable distributions under section 4966? b   Did the organization make any taxable distributions under section 4966? b   Did the organization make any taxable distributions and expect of the facilities   10a   1      | _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7a  |       | x                                                |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       |                                                  |
| to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9a Did the organization members or shareholders Interior 10a Did 10      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       |                                                  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization file and promitions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11a  12a  12b  12a  13a  13a  13a  13a  13a  13a  13b  13a  13b  13a  14a  14b  14b  14b  14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | to file Form 8282?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7c  |       | Х                                                |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  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 organizations file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. 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  c Enter the amount of reserves on hand  13b  11c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the ta      | d   | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |       |                                                  |
| 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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b D D D D D D D D D D D D D D D D D D D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | е   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7e  |       |                                                  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  The theory of the properties of the payments? If "No," provide an explanation in Schedule O.  The control of the organization receive any payments for indoor tanning services during the tax year?  It all the organization receive any payments for indoor tanning services during the application in Schedule O.                                                                                                                                                                                  | f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7f  |       | X                                                |
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| a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 c Enter the amount of reserves on hand  13b  13b  13b  13c  13b  13c  13d  14a  Note. 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 c Enter the amount of reserves on hand  13c  13d  14a  14b  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b                                                                                                                                                                                                                                                                                                                                                       | _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _8_ |       |                                                  |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       |                                                  |
| 10 Section 501(c)(7) organizations. Enter. a Intiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |       | <del></del>                                      |
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| c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       | 1                                                |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |       | 1                                                |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 140 |       | y                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |       |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | The second secon |     | 990 ( | (2010)                                           |

### THE SCHOOL OF JOURNALISM AND MASS

Form 990 (2010) COMMUNICATION FOUNDATION OF NC, INC.

56-6034739

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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 to any question in this Part VI                                                                                                                                                      |          |          | Х        |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| Sec        | tion A. Governing Body and Management                                                                                                                                                                                        |          |          | ·        |
|            |                                                                                                                                                                                                                              | .—       | Yes      | No       |
| _          | Enter the number of voting members of the governing body at the end of the tax year  1a 2.                                                                                                                                   | _        |          |          |
| b          | Enter the number of voting members included in line 1a, above, who are independent 1b 2:                                                                                                                                     | 닉        |          |          |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other                                                                                                     |          |          | 7,       |
| _          | officer, director, trustee, or key employee?                                                                                                                                                                                 | 2        |          | X        |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                                                                        |          |          | <b>.</b> |
| _          | of officers, directors or trustees, or key employees to a management company or other person?                                                                                                                                | 3        |          | X        |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? | 5        | -        | X        |
| 5          | Does the organization have members or stockholders?                                                                                                                                                                          | 6        |          | X        |
| 6<br>72    | Does the organization have members of stockholders, or other persons who may elect one or more members of the                                                                                                                | 10       |          |          |
| ı a        | governing body?                                                                                                                                                                                                              | 7a       |          | х        |
| h          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?                                                                                                                      | 7b       |          | X        |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                                                                                                              | ··•      |          |          |
| -          | by the following:                                                                                                                                                                                                            |          |          |          |
| а          | The governing body?                                                                                                                                                                                                          | 8a       | X        |          |
|            | Each committee with authority to act on behalf of the governing body?                                                                                                                                                        | 8b       | X        |          |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                                                                                         |          |          |          |
|            | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                                                                      | 9        |          | X        |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                                                                             |          |          |          |
|            |                                                                                                                                                                                                                              |          | Yes      | No       |
| 10a        | Does the organization have local chapters, branches, or affiliates?                                                                                                                                                          | 10a      |          | Х        |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,                                                                                                  | 1        |          |          |
|            | and branches to ensure their operations are consistent with those of the organization?                                                                                                                                       | 10b      |          |          |
| 11a        | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                           | 11a      | X        |          |
|            | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                |          |          |          |
|            | Does the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                     | 12a      | X        |          |
| b          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give use                                                                                                           |          | <u></u>  |          |
|            | to conflicts?                                                                                                                                                                                                                | 12b      | X        |          |
| С          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                                                                                                          | 1        | •        |          |
| 40         | In Schedule O how this is done                                                                                                                                                                                               | 12c      | X        |          |
| 13         | Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?                                                                                  | 13       | X        |          |
| 14<br>15   | Did the process for determining compensation of the following persons include a review and approval by independent                                                                                                           | 14       |          |          |
| 13         | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                                                            |          |          |          |
| а          | The organization's CEO, Executive Director, or top management official                                                                                                                                                       | 15a      |          | _x       |
| b          | Other officers or key employees of the organization                                                                                                                                                                          | 15b      | <u> </u> | X        |
| _          | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)                                                                                                                                          |          |          |          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                                                                                        |          |          |          |
|            | taxable entity during the year?                                                                                                                                                                                              | 16a      |          | X        |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation                                                                                                |          |          |          |
|            | ın joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's                                                                                                              |          |          |          |
|            | exempt status with respect to such arrangements?                                                                                                                                                                             | 16b      |          |          |
| <u>Sec</u> | tion C. Disclosure                                                                                                                                                                                                           |          |          |          |
| 17         | List the states with which a copy of this Form 990 is required to be filled ► NONE                                                                                                                                           |          |          |          |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available                                                                                             | э for    |          |          |
|            | public inspection Indicate how you make these available. Check all that apply.                                                                                                                                               |          |          |          |
|            | Own website Another's website X Upon request                                                                                                                                                                                 |          |          |          |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a                                                                                              | ınd fina | ancial   |          |
|            | statements available to the public.                                                                                                                                                                                          |          |          |          |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz                                                                                                      | ation.   | _        |          |
|            | SUSAN KING - 919-962-1204 CARROLL HALL, UNC, CHAPEL HILL, NC 27599                                                                                                                                                           |          |          |          |
|            | CAMMODD IMDD, CHAFED HIDD, NC 2/373                                                                                                                                                                                          | Form     | 990      | (2010)   |
| 13200      | A                                                                                                                                                                                                                            | 1 0111   |          | 2010)    |

12-21-10

COMMUNICATION FOUNDATION OF NC, INC.

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

| Check if Schedule O | contains a response to any question in this Part | VII . |
|---------------------|--------------------------------------------------|-------|
|                     |                                                  |       |

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.

| (A)                       | (B)                                                                                          |                    |                       |          | C)                                               |          |                                                                  | (D)                                                                          | (E)        | (F)       |
|---------------------------|----------------------------------------------------------------------------------------------|--------------------|-----------------------|----------|--------------------------------------------------|----------|------------------------------------------------------------------|------------------------------------------------------------------------------|------------|-----------|
| Name and Title            | Average                                                                                      | <b> </b>           |                       | Pos      |                                                  |          |                                                                  | Reportable                                                                   | Reportable | Estimated |
|                           | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | rustee or director | Institutional frustee | (all o   | as fold (W-2/1099-MISC)                          |          | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amount of other compensation from the organization and related organizations |            |           |
| DRAGE QUARLES III         |                                                                                              |                    |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| PRESIDENT                 | 1.00                                                                                         | X                  |                       | X        |                                                  | L.       |                                                                  | 0.                                                                           | 0.         | 0         |
| ). JORDAN WHICHARD III    |                                                                                              |                    |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| /ICE PRESIDENT            | 1.00                                                                                         | X                  |                       | X        |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| WALTER D. PHILLIPS        |                                                                                              |                    |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| TREASURER                 | 1.00                                                                                         | X                  |                       | X        |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0_        |
| JEAN FOLKERTS             |                                                                                              |                    |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| SECRETARY                 | 18.00                                                                                        | X                  |                       | X        |                                                  |          |                                                                  | 0.                                                                           | 233,884.   | 21,072    |
| ELIZABETH COOK            |                                                                                              |                    |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| BOARDMEMBER               | 1.00                                                                                         | X                  |                       |          | _                                                | _        |                                                                  | 0.                                                                           | 0.         | 0         |
| STEVEN HAMMEL             |                                                                                              |                    |                       |          |                                                  |          |                                                                  | _                                                                            | _          | _         |
| BOARDMEMBER               | 1.00                                                                                         | X                  | _                     | _        | <u> </u>                                         | ļ        |                                                                  | 0.                                                                           | 0.         | 0         |
| OONALD CURTIS             |                                                                                              | l                  |                       |          |                                                  |          |                                                                  |                                                                              |            |           |
| BOARDMEMBER               | 1.00                                                                                         | X                  |                       |          | <u> </u>                                         | ┢        |                                                                  | 0.                                                                           | 0.         | 0         |
| MARK HARDEN               | 1 00                                                                                         |                    |                       | ĺ        |                                                  |          |                                                                  |                                                                              |            |           |
| BOARDMEMBER               | 1.00                                                                                         | X                  | ļ                     | -        | ļ                                                | -        | -                                                                | 0.                                                                           | 0.         | 0         |
| HANK PRICE                | 1 00                                                                                         | ١                  |                       |          |                                                  |          |                                                                  |                                                                              | _          | _         |
| BOARDMEMBER               | 1.00                                                                                         | X                  | <u> </u>              |          |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| ELLIOT POTTER             | 1 1 00                                                                                       | ,                  | ŀ                     |          |                                                  |          | i                                                                |                                                                              |            | _         |
| BOARDMEMBER               | 1.00                                                                                         | X                  |                       |          | ┢                                                | ╁        |                                                                  | 0.                                                                           | 0.         | 0         |
| JOHN ROBINSON             | 1 00                                                                                         | <b>.</b>           |                       |          |                                                  |          |                                                                  | 0.                                                                           | 0.         |           |
| BOARDMEMBER               | 1.00                                                                                         | X                  | -                     |          | ļ                                                | $\vdash$ | ├                                                                | 0.                                                                           | 0.         | 0         |
| CARL VENTERS              | 1.00                                                                                         | x                  |                       |          |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| BOARDMEMBER               | 1.00                                                                                         | ┢                  | ┼─                    |          |                                                  | ╁─       | ╁                                                                | 0.                                                                           | <u> </u>   |           |
| CHARLES BROADWELL         | 1.00                                                                                         | x                  |                       |          |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| SOARDMEMBER               | 1.00                                                                                         | ^                  | $\vdash$              | ╁        | <del>                                     </del> |          |                                                                  |                                                                              |            |           |
| JOHN IDLER<br>BOARDMEMBER | 1.00                                                                                         | x                  |                       |          |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| CHARLENE GRUNWALDT        | 1.00                                                                                         | -                  | <del> </del>          |          |                                                  |          |                                                                  | •                                                                            |            |           |
| BOARDMEMBER               | 1.00                                                                                         | x                  |                       |          |                                                  |          |                                                                  | 0.                                                                           | 0.         | 0         |
| REGINA HOWARD-GLASPIE     | 1.50                                                                                         | 1                  | t                     |          | T                                                | 1        | $I^-$                                                            |                                                                              |            |           |
| BOARDMEMBER               | 1.00                                                                                         | $ \mathbf{x} $     |                       |          |                                                  |          |                                                                  | o.                                                                           | 0.         | 0         |
| R. FRANK ANDREWS, IV      | 1 2,30                                                                                       | <del> </del>       | Т                     | $\vdash$ | T                                                | 1        |                                                                  | - <u> </u>                                                                   |            |           |
|                           | ı                                                                                            | 1                  | 1                     |          |                                                  | 1        | i .                                                              | 1                                                                            | 0.         |           |

032007 12-21-10

Form **990** (2010)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E)                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                          |                       |                                      |                                     |                                |      | (E)                                                                                                  | (F)                                                              |                                                                        |                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------------------------------|-------------------------------------|--------------------------------|------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------|
| Name and title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Average                                                                                                  |                          |                       | Pos                                  | rtior                               | -                              |      | Reportable                                                                                           | Reportable                                                       | Estima                                                                 |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | hours per<br>week<br>(describe<br>hours for<br>related<br>organizations<br>in Schedule<br>O)             | ustee or director        | Institutional trustee | c all 1                              | Key emptoyee                        | Highest compensated employee   |      | compensation<br>from<br>the                                                                          | compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | amour<br>othe<br>compen-<br>from to<br>organiza<br>and rel<br>organiza | nt of<br>er<br>sation<br>the<br>ation<br>ated |
| TERESA ARTIS<br>BOARDMEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.00                                                                                                     | x                        |                       |                                      |                                     |                                |      | 0.                                                                                                   |                                                                  | •                                                                      | 0 .                                           |
| ZACHARY CLAYTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                          |                       |                                      |                                     |                                |      |                                                                                                      |                                                                  |                                                                        |                                               |
| BOARDMEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.00                                                                                                     | X                        |                       | _                                    |                                     |                                |      | 0.                                                                                                   | 0                                                                | •                                                                      | 0                                             |
| WALTER E. HUSSMAN JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 00                                                                                                     |                          |                       |                                      |                                     |                                |      |                                                                                                      | •                                                                |                                                                        | ^                                             |
| BOARDMEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1.00                                                                                                     | X                        | -                     | <b> </b>                             |                                     |                                |      | 0.                                                                                                   | 0                                                                | •                                                                      | 0                                             |
| SUSAN CRANFORD ROSS BOARDMEMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.00                                                                                                     | x                        |                       |                                      |                                     |                                |      | 0.                                                                                                   | 0                                                                | •                                                                      | 0.                                            |
| 1b Sub-total . c Total from continuation sheets to Part d Total (add lines 1b and 1c) 2 Total number of individuals (including but compensation from the organization ) 3 Did the organization list any former officiline 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the and related organizations greater than \$ 5 Did any person listed on line 1a receive rendered to the organization? If "Yes," c Section B. Independent Contractors 1 Complete this table for your five highest | er, director or truer such individual a sum of reportab 150,000? If "Yes, or accrue compeomplete Schedul | ele co<br>, " co<br>nsat | ompompletion for s    | y em<br>ensa<br>ete S<br>from<br>uch | nplo<br>atior<br>Schi<br>any<br>pen | yee,<br>n and<br>eduk<br>y unr | or h | nighest compensated er<br>her compensation from<br>for such individual<br>ted organization or indivi | nployee on<br>the organization<br>dual for services              | Yes  3  4 X  5 X                                                       | х                                             |
| the organization. NONE  (A)  Name and busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ess address                                                                                              |                          |                       |                                      |                                     |                                |      | (B) Description of s                                                                                 | ervices                                                          | (C)<br>Compensat                                                       |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                          |                       |                                      |                                     |                                |      |                                                                                                      |                                                                  |                                                                        |                                               |
| Total number of independent contractor     \$100,000 in compensation from the organization.                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          | not li                   | mite                  | d to                                 |                                     | se li:<br>O                    | sted | d above) who received m                                                                              | nore than                                                        | Form <b>99</b> 0                                                       | ) (201(                                       |

| Pa                                                     | rt VII          | Statement of Revenue                                                                                                                                                                               |                 | _                    |                                        |                                         |                                                               |
|--------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
|                                                        | •               |                                                                                                                                                                                                    |                 | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | b<br>c<br>d     | Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above | 590,386.        |                      |                                        |                                         |                                                               |
| P O                                                    | -               | Noncash contributions included in lines 1a-1f \$                                                                                                                                                   | 43,277.         | E00 306              |                                        |                                         |                                                               |
| Program Service C<br>Revenue                           | 2 a<br>b<br>c   |                                                                                                                                                                                                    |                 | 590,386.             |                                        |                                         |                                                               |
| Far<br>Sev                                             | d               |                                                                                                                                                                                                    |                 |                      |                                        |                                         |                                                               |
| Prog                                                   | e<br>f          | All other program service revenue  Total. Add lines 2a-2f                                                                                                                                          |                 |                      |                                        |                                         |                                                               |
|                                                        | 3<br>4<br>5     | Investment income (including dividends, other similar amounts) Income from investment of tax-exempt b Royalties                                                                                    | interest, and   | 222,803.             |                                        |                                         | 222,803.                                                      |
|                                                        | 6 a<br>b        | (i) Rea                                                                                                                                                                                            | d (ii) Personal |                      |                                        |                                         |                                                               |
|                                                        | b               | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)  (i) Secur 546,3                                                                | 50.             |                      |                                        |                                         |                                                               |
| Other Revenue                                          | 8 a             | Net gain or (loss)  Gross income from fundraising events (n including \$ of contributions reported on line 1c). See Part IV, line 18  Less: direct expenses                                        | a b             | 546,350.             |                                        |                                         | 546,350.                                                      |
| δ                                                      | с<br>9 а        | Net income or (loss) from fundraising eve<br>Gross income from gaming activities. Se<br>Part IV, line 19                                                                                           | ents •          |                      |                                        |                                         |                                                               |
|                                                        | С               | Less: direct expenses  Net income or (loss) from gaming activiti  Gross sales of inventory, less returns                                                                                           | es 🕨            |                      |                                        |                                         |                                                               |
|                                                        |                 | and allowances  Less: cost of goods sold  Net income or (loss) from sales of invent  Miscellaneous Revenue                                                                                         | b Business Code |                      |                                        |                                         |                                                               |
| }                                                      | 11 a            |                                                                                                                                                                                                    | 1               |                      |                                        |                                         |                                                               |
|                                                        | a               |                                                                                                                                                                                                    |                 |                      |                                        |                                         |                                                               |
| -                                                      | c               |                                                                                                                                                                                                    |                 |                      |                                        | -                                       |                                                               |
|                                                        | d               | All other revenue                                                                                                                                                                                  |                 |                      |                                        |                                         |                                                               |
|                                                        | _               | Total Add lines 11a-11d                                                                                                                                                                            |                 | 1,359,539.           | 0.                                     | 0.                                      | 769,153.                                                      |
| 03200<br>12-21                                         | 12<br>9<br>- 10 | Total revenue. See instructions.                                                                                                                                                                   |                 | T,395,539.           | 0.                                     | U •                                     | Form <b>990</b> (2010)                                        |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

|    | All other organizations must comp                                                                                                                                                                  | 3) and 501(c)(4) organiza<br>olete column (A) but are i |                              |                                         | )                              |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------|-----------------------------------------|--------------------------------|
|    | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                                                                                                         | (A)<br>Total expenses                                   | (B) Program service expenses | (C) Management and general expenses     | (D)<br>Fundraising<br>expenses |
| 1  | Grants and other assistance to governments and                                                                                                                                                     |                                                         |                              | <u> </u>                                |                                |
|    | organizations in the U.S. See Part IV, line 21                                                                                                                                                     | 1,213,694.                                              | 1,213,694.                   |                                         |                                |
| 2  | Grants and other assistance to individuals in                                                                                                                                                      |                                                         |                              |                                         |                                |
|    | the U.S. See Part IV, line 22                                                                                                                                                                      |                                                         |                              |                                         |                                |
| 3  | Grants and other assistance to governments,                                                                                                                                                        |                                                         |                              |                                         |                                |
|    | organizations, and individuals outside the U.S.                                                                                                                                                    |                                                         |                              |                                         |                                |
|    | See Part IV, lines 15 and 16                                                                                                                                                                       |                                                         |                              |                                         |                                |
| 4  | Benefits paid to or for members                                                                                                                                                                    |                                                         |                              |                                         |                                |
| 5  | Compensation of current officers, directors,                                                                                                                                                       |                                                         |                              |                                         | -                              |
|    | trustees, and key employees                                                                                                                                                                        |                                                         |                              |                                         |                                |
| 6  | Compensation not included above, to disqualified                                                                                                                                                   |                                                         |                              |                                         |                                |
|    | persons (as defined under section 4958(f)(1)) and                                                                                                                                                  |                                                         |                              |                                         |                                |
|    | persons described in section 4958(c)(3)(B)                                                                                                                                                         |                                                         |                              |                                         |                                |
| 7  | Other salaries and wages                                                                                                                                                                           |                                                         |                              |                                         |                                |
| 8  | Pension plan contributions (include section 401(k)                                                                                                                                                 |                                                         |                              |                                         |                                |
|    | and section 403(b) employer contributions)                                                                                                                                                         |                                                         |                              |                                         |                                |
| 9  | Other employee benefits                                                                                                                                                                            |                                                         |                              |                                         |                                |
| 10 | Payroll taxes                                                                                                                                                                                      |                                                         |                              |                                         |                                |
| 11 | Fees for services (non-employees):                                                                                                                                                                 |                                                         |                              |                                         |                                |
| а  | Management                                                                                                                                                                                         |                                                         |                              |                                         |                                |
| b  | Legal                                                                                                                                                                                              |                                                         |                              |                                         |                                |
| С  | Accounting                                                                                                                                                                                         |                                                         |                              |                                         |                                |
| d  | Lobbying                                                                                                                                                                                           |                                                         |                              |                                         |                                |
| е  | Professional fundraising services. See Part IV, line 17                                                                                                                                            |                                                         |                              |                                         |                                |
| f  | Investment management fees                                                                                                                                                                         | 49,626.                                                 |                              | 49,626.                                 |                                |
| g  | Other                                                                                                                                                                                              | 18,145.                                                 |                              | 18,145.                                 |                                |
| 12 | Advertising and promotion                                                                                                                                                                          |                                                         |                              |                                         |                                |
| 13 | Office expenses                                                                                                                                                                                    |                                                         |                              |                                         |                                |
| 14 | Information technology                                                                                                                                                                             |                                                         |                              |                                         |                                |
| 15 | Royalties                                                                                                                                                                                          |                                                         |                              |                                         |                                |
| 16 | Occupancy                                                                                                                                                                                          |                                                         |                              |                                         |                                |
| 17 | Travel .                                                                                                                                                                                           | 15,052.                                                 |                              |                                         | 15,052.                        |
| 18 | Payments of travel or entertainment expenses                                                                                                                                                       |                                                         |                              |                                         |                                |
|    | for any federal, state, or local public officials                                                                                                                                                  |                                                         |                              |                                         |                                |
| 19 | Conferences, conventions, and meetings                                                                                                                                                             | 8,971.                                                  | 4,996.                       |                                         | 3,975.                         |
| 20 | Interest                                                                                                                                                                                           |                                                         |                              |                                         |                                |
| 21 | Payments to affiliates                                                                                                                                                                             |                                                         |                              |                                         |                                |
| 22 | Depreciation, depletion, and amortization                                                                                                                                                          |                                                         |                              |                                         | <u> </u>                       |
| 23 | Insurance .                                                                                                                                                                                        |                                                         |                              |                                         |                                |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) |                                                         |                              |                                         |                                |
| а  | DEVELOPMENT ASSESSMENT                                                                                                                                                                             | 97,231.                                                 |                              |                                         | 97,231.                        |
| b  | BAD DEBT EXPENSES                                                                                                                                                                                  | 16,392.                                                 |                              | 16,392.                                 | <u> </u>                       |
| c  | MISCELLANEOUS                                                                                                                                                                                      | 1,435.                                                  |                              | 1,213.                                  | 222.                           |
| d  | DUES                                                                                                                                                                                               | 1,124.                                                  |                              | , , , , , , , , , , , , , , , , , , , , | 1,124.                         |
| e  |                                                                                                                                                                                                    |                                                         |                              |                                         |                                |
| f  | All other expenses                                                                                                                                                                                 |                                                         |                              |                                         | -                              |
| 25 | Total functional expenses. Add lines 1 through 24f                                                                                                                                                 | 1,421,670.                                              | 1,218,690.                   | 85,376.                                 | 117,604.                       |
| 26 | Joint costs. Check here   If following SOP                                                                                                                                                         |                                                         |                              |                                         |                                |
| -* | 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation                               |                                                         |                              |                                         |                                |
|    | <del></del>                                                                                                                                                                                        | <del></del>                                             |                              | <u>.</u>                                | 5 000 (0040)                   |

| Par                         | rt X | Balance Sheet                                                                |                          |     |                           |
|-----------------------------|------|------------------------------------------------------------------------------|--------------------------|-----|---------------------------|
|                             |      |                                                                              | (A) Beginning of year    |     | <b>(B)</b><br>End of year |
|                             | 1    | Cash · non-interest-bearing                                                  |                          | 1   |                           |
|                             | 2    | Savings and temporary cash investments                                       | 4,130,999.               | 2   | 4,047,154.                |
|                             | 3    | Pledges and grants receivable, net                                           | 37,179.                  | 3   | 23,595.                   |
|                             | 4    | Accounts receivable, net                                                     | 827.                     |     | 0.                        |
|                             | 5    | Receivables from current and former officers, directors, trustees, key       |                          |     |                           |
|                             |      | employees, and highest compensated employees. Complete Part II               |                          |     |                           |
|                             |      | of Schedule L                                                                |                          | 5   |                           |
|                             | 6    | Receivables from other disqualified persons (as defined under section        |                          |     |                           |
|                             |      | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing    | Ì                        |     |                           |
|                             |      | employers and sponsoring organizations of section 501(c)(9) voluntary        |                          |     |                           |
|                             |      | employees' beneficiary organizations (see instructions)                      |                          | 6   |                           |
| ş                           | 7    | Notes and loans receivable, net                                              |                          | 7   |                           |
| Assets                      | 8    | Inventones for sale or use                                                   |                          | 8   |                           |
| •                           | 9    | Prepaid expenses and deferred charges                                        |                          | 9   |                           |
|                             | _    | Land, buildings, and equipment: cost or other                                |                          |     |                           |
|                             | loa  | basis Complete Part VI of Schedule D 10a                                     |                          |     |                           |
|                             | ١ ,  | Less accumulated depreciation 10b                                            |                          | 10c |                           |
|                             | 11   | Investments - publicly traded securities                                     |                          | 11  |                           |
|                             | 12   | Investments - other securities. See Part IV, line 11                         | 13,693,640.              | 12  | 15,122,640.               |
|                             | 13   | Investments - program-related. See Part IV, line 11                          | 13,033,040.              | 13  | 13,122,040.               |
|                             | 14   | Intangible assets                                                            |                          | 14  | _                         |
|                             | 15   | Other assets See Part IV, line 11                                            |                          | 15  |                           |
|                             | 16   | Total assets. Add lines 1 through 15 (must equal line 34)                    | 17,862,645.              | 16  | 19,193,389.               |
|                             | 17   | Accounts payable and accrued expenses                                        | 17,002,043.              | 17  | 19,195,309.               |
|                             | 18   | Grants payable                                                               |                          | 18  |                           |
|                             | 19   | Deferred revenue                                                             |                          | 19  |                           |
|                             | 20   |                                                                              |                          | 20  |                           |
|                             |      | Tax-exempt bond liabilities                                                  |                          |     |                           |
| Liabilities                 | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D        |                          | 21  |                           |
| Ē                           | 22   | Payables to current and former officers, directors, trustees, key employees, |                          | 1   |                           |
| E.                          |      | highest compensated employees, and disqualified persons. Complete Part II    |                          |     |                           |
|                             |      | of Schedule L                                                                |                          | 22  | _                         |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties               |                          | 23  |                           |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                 |                          | 24  |                           |
|                             | 25   | Other liabilities. Complete Part X of Schedule D                             |                          | 25  | 0                         |
|                             | 26   | Total liabilities, Add lines 17 through 25                                   | 0.                       | 26  | 0.                        |
|                             |      | Organizations that follow SFAS 117, check here   X and complete              |                          |     |                           |
| Ses                         |      | lines 27 through 29, and lines 33 and 34.                                    | 2 164 254                |     | 1 201 602                 |
| a                           | 27   | Unrestricted net assets                                                      | 3,164,354.<br>5,726,602. |     | 4,384,683.                |
| Ва                          | 28   | Temporarily restricted net assets                                            |                          |     | 5,619,612.                |
| pur                         | 29   | Permanently restricted net assets                                            | 8,971,689.               | 29  | 9,189,094.                |
| Ţ                           |      | Organizations that do not follow SFAS 117, check here  and                   |                          |     |                           |
| S                           |      | complete lines 30 through 34.                                                |                          |     |                           |
| set                         | 30   | Capital stock or trust principal, or current funds                           | <del></del>              | 30  |                           |
| As                          | 31   | Paid-in or capital surplus, or land, building, or equipment fund             |                          | 31  | <u> </u>                  |
| Net Assets or Fund Balances | 32   | Retained earnings, endowment, accumulated income, or other funds             | 17 060 645               | 32  | 10 102 200                |
| _                           | 33   | Total net assets or fund balances                                            | 17,862,645.              |     | <u>19,193,389.</u>        |
|                             | 34   | Total liabilities and net assets/fund balances .                             | 17,862,645.              | 34  | 19,193,389.               |

Form **990** (2010)

Form **990** (2010)

| FUIII | GOMMONICATION FOUNDATION OF NC, INC.                                                                                | 20-01      | J O 4 / O 3 | / Pa | ige iz      |
|-------|---------------------------------------------------------------------------------------------------------------------|------------|-------------|------|-------------|
| Pa    | t XI Reconciliation of Net Assets                                                                                   |            |             |      |             |
|       | Check if Schedule O contains a response to any question in this Part XI                                             |            |             |      | X           |
|       |                                                                                                                     |            |             |      |             |
| 1     | Total revenue (must equal Part VIII, column (A), line 12)                                                           | 1          | 1,35        | 9,5  | <u> 39.</u> |
| 2     | Total expenses (must equal Part IX, column (A), line 25)                                                            | 2          | 1,42        | 1,6  | 70.         |
| 3     | Revenue less expenses. Subtract line 2 from line 1                                                                  | 3          | -6          | 2,1  | <u>.31.</u> |
| 4     | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4          | 17,86       | 2,6  | 45.         |
| 5     | Other changes in net assets or fund balances (explain in Schedule O)                                                | 5          | 1,39        | 2,8  | 75.         |
| 6     | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))      | 6          | 19,19       | 3,3  | 89.         |
| Pa    | t XIII Financial Statements and Reporting                                                                           |            |             |      |             |
|       | Check if Schedule O contains a response to any question in this Part XII                                            |            |             |      | X           |
|       |                                                                                                                     |            |             | Yes  | No          |
| 1     | Accounting method used to prepare the Form 990:  Cash X Accrual Other                                               |            | _           |      |             |
|       | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      | Ο.         |             |      |             |
| 2a    | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |            | 2a          |      | X           |
| b     | Were the organization's financial statements audited by an independent accountant?                                  |            | 2b          | X_   |             |
| C     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  | audıt,     |             |      |             |
|       | review, or compilation of its financial statements and selection of an independent accountant?                      |            | 2c          | X    |             |
|       | If the organization changed either its oversight process or selection process during the tax year, explain in Sche  | edule O.   |             |      |             |
| d     | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued  | d on a     |             |      |             |
|       | separate basis, consolidated basis, or both.                                                                        |            |             |      | 1           |
|       | X Separate basis Consolidated basis Both consolidated and separate basis                                            |            |             |      |             |
| За    | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | ıgle Audıt |             |      |             |
|       | Act and OMB Circular A-133?                                                                                         |            | 3a          |      | X           |
| b     | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi  | red audıt  |             |      |             |
|       | or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                           |            | 3h          |      |             |

032012 12-21-10

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE SCHOOL OF JOURNALISM AND MASS

Employer identification number

| <u>5-6034739                                   </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| ne hospital's name,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ed in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| oublic described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| d gross receipts from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| from gross investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| fter June 30, 1975.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| ourposes of one or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ck the box that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| T III. Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Type III - Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| persons other than                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ection 509(a)(2).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11g(i)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11g(ii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 11g(iii)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (vii) Amount of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| The property of the property o |

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

### THE SCHOOL OF JOURNALISM AND MASS

Schedule A (Form 990 or 990-EZ) 2010 COMMUNICATION FOUNDATION OF NC, INC. 56-6034739 Page 2

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)

| Sec                                                                                                                                                                              | ction A. Public Support                     |                        |                       |                        |                      |                      |                             |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------|-----------------------|------------------------|----------------------|----------------------|-----------------------------|--|--|
| Cale                                                                                                                                                                             | ndar year (or fiscal year beginning in)     | (a) 2006               | <b>(b)</b> 2007       | (c) 2008               | (d) 2009             | (e) 2010             | (f) Total                   |  |  |
| 1                                                                                                                                                                                | Gifts, grants, contributions, and           |                        |                       | -                      |                      |                      |                             |  |  |
|                                                                                                                                                                                  | membership fees received. (Do not           |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | include any "unusual grants.")              | 1181586.               | 927,754.              | 1073775.               | 4048285.             | 590,386.             | 7821786.                    |  |  |
| 2                                                                                                                                                                                | Tax revenues levied for the organ-          |                        |                       |                        | -                    | ·                    |                             |  |  |
|                                                                                                                                                                                  | ızatıon's benefit and either paid to        |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | or expended on its behalf                   |                        | _                     |                        |                      |                      |                             |  |  |
| 3                                                                                                                                                                                | The value of services or facilities         |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | furnished by a governmental unit to         |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | the organization without charge             | 129,053.               | 164,335.              | 187,944.               | 184,995.             | 218,741.             | 885,068.                    |  |  |
| 4                                                                                                                                                                                | Total. Add lines 1 through 3                | 1310639.               | 1092089.              | 1261719.               | 4233280.             | 809,127.             | 8706854.                    |  |  |
| 5                                                                                                                                                                                | 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)                                  |                        |                       |                        |                      |                      | 3474085.                    |  |  |
| 6                                                                                                                                                                                | Public support. Subtract line 5 from line 4 |                        |                       |                        |                      |                      | 5232769.                    |  |  |
|                                                                                                                                                                                  | ction B. Total Support                      |                        |                       |                        |                      |                      |                             |  |  |
| Cale                                                                                                                                                                             | ndar year (or fiscal year beginning in)     | (a) 2006               | <b>(b)</b> 2007       | (c) 2008               | (d) 2009             | (e) 2010             | (f) Total                   |  |  |
|                                                                                                                                                                                  | Amounts from line 4                         | 1310639.               | 1092089.              | 1261719.               | 4233280.             | 809,127.             | 8706854.                    |  |  |
|                                                                                                                                                                                  | Gross income from interest,                 |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | dividends, payments received on             |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | securities loans, rents, royalties          |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | and income from similar sources             | 223,676.               | 177,953.              | 186,814.               | 115,846.             | 222,803.             | 927,092.                    |  |  |
| 9                                                                                                                                                                                | Net income from unrelated business          |                        | •                     |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | activities, whether or not the              |                        |                       | 1                      |                      |                      |                             |  |  |
|                                                                                                                                                                                  | business is regularly carried on            |                        |                       |                        |                      |                      |                             |  |  |
| 10                                                                                                                                                                               | Other income. Do not include gain           |                        |                       |                        |                      |                      |                             |  |  |
| -                                                                                                                                                                                | or loss from the sale of capital            |                        |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | assets (Explain in Part IV)                 | 10,600.                |                       |                        |                      |                      | 10,600.                     |  |  |
| 11                                                                                                                                                                               | Total support. Add lines 7 through 10       |                        |                       |                        |                      |                      | 9644546.                    |  |  |
|                                                                                                                                                                                  | Gross receipts from related activities,     | etc. (see instruction  | ons)                  | •                      |                      | 12                   |                             |  |  |
| 13                                                                                                                                                                               | First five years. If the Form 990 is for    | r the organization's   | s first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3)          |                             |  |  |
| 13 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 |                                             |                        |                       |                        |                      |                      |                             |  |  |
| Sec                                                                                                                                                                              | ction C. Computation of Publ                | ic Support Per         | rcentage              |                        |                      |                      |                             |  |  |
| 14                                                                                                                                                                               | Public support percentage for 2010 (        | line 6, column (f) di  | ıvıded by line 11, c  | olumn (f))             |                      | 14                   | 54.26 %                     |  |  |
| 15                                                                                                                                                                               | Public support percentage from 2009         | Schedule A, Part       | II, line 14           |                        |                      | 15                   | 49.25 %                     |  |  |
|                                                                                                                                                                                  | 33 1/3% support test - 2010.If the o        |                        |                       | line 13, and line 1    | 4 is 33 1/3% or m    | ore, check this bo   | x and                       |  |  |
|                                                                                                                                                                                  | stop here. The organization qualifies       | as a publicly supp     | orted organization    | r                      |                      |                      | $\triangleright \mathbf{X}$ |  |  |
| b                                                                                                                                                                                | 33 1/3% support test - 2009.If the o        | rganization did not    | t check a box on li   | ne 13 or 16a, and      | line 15 is 33 1/3%   | or more, check th    | is box                      |  |  |
|                                                                                                                                                                                  | and stop here. The organization qual        | lifies as a publicly s | supported organiza    | ation                  |                      |                      | . ▶□                        |  |  |
| 17a                                                                                                                                                                              | 10% -facts-and-circumstances tes            | t - 2010.If the orga   | anization did not c   | heck a box on line     | 13, 16a, or 16b, a   | nd line 14 is 10%    | or more,                    |  |  |
|                                                                                                                                                                                  | and if the organization meets the "fac      | ts-and-circumstan      | ces" test, check th   | nis box and stop h     | ere. Explain in Pai  | rt IV how the organ  | iization                    |  |  |
|                                                                                                                                                                                  | meets the "facts-and-circumstances"         | test. The organiza     | tion qualifies as a   | publicly supported     | dorganization        | _                    | ▶□                          |  |  |
| b                                                                                                                                                                                | 10% -facts-and-circumstances tes            | t - 2009.If the orga   | anization did not c   | heck a box on line     | 13, 16a, 16b, or 1   | 7a, and line 15 is 1 | 10% or                      |  |  |
|                                                                                                                                                                                  | more, and if the organization meets the     | -                      |                       |                        |                      |                      |                             |  |  |
|                                                                                                                                                                                  | organization meets the "facts-and-circ      |                        |                       |                        | =                    |                      | ▶□                          |  |  |
| 18                                                                                                                                                                               | Private foundation. If the organization     | on did not check a     | box on line 13, 16    | a, 16b, 17a, or 17b    | o, check this box a  | ınd see instruction  | s . <b>&gt;</b>             |  |  |
|                                                                                                                                                                                  |                                             |                        |                       |                        |                      | dule A (Form 990     |                             |  |  |

032022 12-21-10

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

| ection A. Public Support                                                             | DW, please com   | piete rait ii.j      |                        |                    |                                              | <del> </del> |
|--------------------------------------------------------------------------------------|------------------|----------------------|------------------------|--------------------|----------------------------------------------|--------------|
| llendar year (or fiscal year beginning in)                                           | (a) 2006         | <b>(b)</b> 2007      | (c) 2008               | (d) 2009           | (e) 2010                                     | (f) Total    |
| 1 Gifts, grants, contributions, and                                                  |                  |                      |                        | 1                  |                                              |              |
| membership fees received. (Do not                                                    |                  |                      |                        |                    |                                              |              |
| include any "unusual grants ")                                                       |                  |                      |                        | }                  |                                              |              |
| 2 Gross receipts from admissions,                                                    | -                |                      |                        |                    |                                              |              |
| merchandise sold or services per-                                                    |                  |                      |                        |                    |                                              |              |
| formed, or facilities furnished in                                                   |                  |                      |                        |                    |                                              |              |
| any activity that is related to the organization's tax-exempt purpose                |                  |                      |                        |                    |                                              |              |
| Gross receipts from activities that                                                  |                  |                      |                        |                    | -                                            | -            |
| are not an unrelated trade or bus-                                                   |                  |                      |                        |                    |                                              |              |
| iness under section 513                                                              |                  |                      |                        |                    |                                              |              |
| F-                                                                                   |                  | <u> </u>             | -                      |                    |                                              |              |
| Tax revenues levied for the organ-                                                   |                  |                      |                        |                    |                                              |              |
| ization's benefit and either paid to                                                 |                  |                      |                        |                    |                                              |              |
| or expended on its behalf                                                            |                  |                      |                        |                    | -                                            |              |
| The value of services or facilities                                                  |                  |                      |                        |                    |                                              |              |
| furnished by a governmental unit to                                                  |                  |                      |                        |                    |                                              |              |
| the organization without charge                                                      |                  |                      |                        |                    |                                              |              |
| Total. Add lines 1 through 5                                                         |                  |                      |                        |                    | ļ                                            |              |
| 'a 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                                                       |                  |                      |                        |                    |                                              |              |
| c Add lines 7a and 7b                                                                |                  |                      |                        |                    |                                              |              |
| Public support (Subtract line 7c from line 6)                                        |                  |                      |                        |                    |                                              |              |
| ection B. Total Support                                                              |                  |                      | -                      |                    | •                                            | _            |
| lendar year (or fiscal year beginning in) ► 🔼                                        | (a) 2006         | <b>(b)</b> 2007      | (c) 2008               | (d) 2009           | (e) 2010                                     | (f) Total    |
| Amounts from line 6                                                                  |                  |                      |                        |                    | <u>.                                    </u> |              |
| a 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                                                         |                  |                      |                        |                    |                                              |              |
| c Add lines 10a and 10b                                                              |                  |                      |                        |                    |                                              |              |
| Net income from unrelated business                                                   |                  |                      |                        |                    |                                              |              |
| activities not included in line 10b,                                                 |                  |                      |                        |                    |                                              |              |
| whether or not the business is                                                       |                  |                      |                        |                    |                                              |              |
| regularly carried on  Other income. Do not include gain                              |                  |                      |                        |                    |                                              |              |
| or loss from the sale of capital                                                     |                  |                      | •                      |                    |                                              |              |
| assets (Explain in Part IV.)                                                         |                  |                      |                        |                    | +                                            |              |
| Total support (Add lines 9, 10c, 11, and 12)                                         |                  | L                    | <u> </u>               |                    |                                              | L            |
| First five years. If the Form 990 is for t                                           | ne organization' | s first, second, the | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organız                         | ation,       |
| check this box and stop here                                                         | Cursad P-        | roontees             |                        |                    | •                                            | <u> </u>     |
| ection C. Computation of Public                                                      |                  |                      | l (A)                  |                    | T I                                          |              |
| Public support percentage for 2010 (lin                                              |                  | •                    | column (t))            |                    | 15                                           |              |
| Public support percentage from 2009 Section D. Computation of Invest                 |                  |                      |                        | •                  | 16                                           |              |
|                                                                                      |                  |                      |                        |                    | 14-                                          |              |
| Investment income percentage for 201                                                 | •                | • • •                | ne 13, column (f))     | •                  | 17                                           |              |
| Investment income percentage from 20                                                 |                  | •                    |                        |                    | 18                                           |              |
| a 33 1/3% support tests - 2010. If the o                                             | _                |                      |                        |                    |                                              | 17 is not    |
| more than 33 1/3%, check this box and                                                | -                |                      |                        | - · · ·            |                                              | ▶l           |
| <b>b 33 1/3% support tests - 2009.</b> If the o                                      | •                |                      |                        | •                  |                                              |              |
| line 18 is not more than 33 1/3%, chec                                               | k this box and s | stop here. The org   | anızatıon qualifies    | as a publicly supp | oorted organization                          | . ▶[         |
| Private foundation. If the organization                                              | did not check a  | box on line 14, 19   | a, or 19b, check t     | his box and see in | structions                                   | ▶[           |

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

THE SCHOOL OF JOURNALISM AND MASS

Employer identification number

COMMUNICATION FOUNDATION OF NC, 56-6034739 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? 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? Yes Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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)? Yes In Part XIV, 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" to Form 990, Part IV, line 8. 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 XIV, the text of the footnote to its financial statements that describes these items. b 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

a Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

### THE SCHOOL OF JOURNALISM AND MASS

|               |                                                                                                                                                      | CATION FOU             |                               |               |             |             | <u> 56-60</u>  |                  |         |             |  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------|---------------|-------------|-------------|----------------|------------------|---------|-------------|--|
| Par           | t III Organizations Maintaining C                                                                                                                    | Collections of Ar      | t, Historical Tr              | easures, c    | or Othe     | r Simila    | <u>ar Asse</u> | <b>ts</b> (conti | nued)   |             |  |
| 3             | Using the organization's acquisition, accessi                                                                                                        | on, and other record   | s, check any of the           | following tha | t are a si  | gnificant ι | ise of its     | collectio        | n items | 3           |  |
|               | (check all that apply):                                                                                                                              |                        |                               |               |             |             |                |                  |         |             |  |
| а             | Public exhibition                                                                                                                                    | d                      | Loan or excl                  | hange progra  | ams         |             |                |                  |         |             |  |
| b             | Scholarly research                                                                                                                                   | е                      | Other                         |               |             |             |                |                  |         |             |  |
| С             | Preservation for future generations                                                                                                                  |                        |                               |               |             |             |                |                  |         |             |  |
| 4             | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.                  |                        |                               |               |             |             |                |                  |         |             |  |
| 5             | 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 ma                                                                                                       |                        |                               |               |             |             | [.             | Yes              |         | No          |  |
|               | t IV Escrow and Custodial Arran                                                                                                                      |                        |                               |               | "Yes" to    | Form 990    | Part IV.       |                  |         |             |  |
|               | reported an amount on Form 990, Pa                                                                                                                   |                        | <b>.</b>                      |               |             |             | ,              |                  |         |             |  |
| 1a            | Is the organization an agent, trustee, custod                                                                                                        |                        | lary for contribution         | s or other as | sets not    | included    |                |                  |         |             |  |
|               | on Form 990, Part X?                                                                                                                                 | ian or ourior incoming | iary for contribution         | 0 01 01101 40 | 3013 1101   | ii lolaada  |                | Yes              |         | No          |  |
|               | b If "Yes," explain the arrangement in Part XIV and complete the following table:                                                                    |                        |                               |               |             |             |                |                  |         |             |  |
| b             | b if "Yes," explain the arrangement in Part XIV and complete the following table:  Amount                                                            |                        |                               |               |             |             |                |                  |         |             |  |
| _             | c Beginning balance                                                                                                                                  |                        |                               |               |             |             |                |                  |         |             |  |
|               | d Additions during the year                                                                                                                          |                        |                               |               |             |             |                |                  |         |             |  |
|               |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
|               |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
|               | f Ending balance  If   Yes No.                                                                                                                       |                        |                               |               |             |             |                |                  |         |             |  |
|               |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| $\overline{}$ | b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. |                        |                               |               |             |             |                |                  |         |             |  |
| Par           | t v   Endowment runds. Complete                                                                                                                      |                        |                               |               |             |             |                | T : . <u>-</u>   |         | <del></del> |  |
|               |                                                                                                                                                      | (a) Current year       | (b) Prior year                | (c) Two year  |             | (d) Three y | ears back      | (e) Four         | years   | <u>back</u> |  |
| 1a            |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| b             |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| С             | c Net investment earnings, gains, and losses 1,466,256, 578,364, -2,332,319,                                                                         |                        |                               |               |             |             |                |                  |         |             |  |
| d             |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| е             |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
|               | and programs .                                                                                                                                       |                        |                               |               |             |             |                |                  |         |             |  |
| f             | Administrative expenses                                                                                                                              |                        |                               |               |             |             |                |                  |         |             |  |
| g             | End of year balance                                                                                                                                  | 11,988,812,            | 10,367,710,                   | 9,65          | 8 136.      |             |                |                  |         |             |  |
| 2             |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| а             |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| b             | Permanent endowment ► 100.00                                                                                                                         | %                      |                               |               |             |             |                |                  |         |             |  |
| С             | Term endowment ▶                                                                                                                                     | <u>~</u><br>%          |                               |               |             |             |                |                  |         |             |  |
| За            | Are there endowment funds not in the posse                                                                                                           | ession of the organiza | ation that are held a         | nd administe  | ered for th | ne organiz  | ation          |                  |         |             |  |
|               | by:                                                                                                                                                  | _                      |                               |               |             |             |                |                  | Yes     | No          |  |
|               | tes No  (i) unrelated organizations  3a(i) X                                                                                                         |                        |                               |               |             |             |                |                  |         |             |  |
|               | (ii) related organizations                                                                                                                           |                        | •                             |               |             |             |                | 3a(ii)           |         | X           |  |
| b             | If "Yes" to 3a(ii), are the related organization:                                                                                                    | s listed as required o | n Schedule R?                 |               |             |             |                | 3b               |         |             |  |
| 4             | Describe in Part XIV the intended uses of the                                                                                                        |                        |                               |               |             | ••          |                |                  |         |             |  |
| Par           |                                                                                                                                                      |                        |                               |               |             |             |                |                  |         |             |  |
| <u> </u>      | Description of investment                                                                                                                            | (a) Cost or o          |                               | or other      | (c) Ac      | cumulate    | d              | (d) Boo          | k valu  |             |  |
|               | becompaint of investment                                                                                                                             | basis (investr         | 1                             | (other)       | • • •       | preciation  | _              | (4) 500          |         | -           |  |
| 40            | Land                                                                                                                                                 |                        | ,                             | , ,           |             |             |                |                  |         |             |  |
| _             | Buildings                                                                                                                                            |                        | <del></del>                   |               |             |             |                |                  |         |             |  |
|               | · ·                                                                                                                                                  |                        |                               |               |             |             | -+             |                  |         |             |  |
|               | Leasehold improvements                                                                                                                               |                        |                               |               |             |             | +              |                  |         |             |  |
|               | Equipment                                                                                                                                            |                        |                               |               |             |             |                |                  |         |             |  |
|               | Other                                                                                                                                                |                        | V ==6                         | 10(-) )       |             |             |                |                  |         |             |  |
| i otal        | . Add lines 1a through 1e. (Column (d) must e                                                                                                        | equai rorm 990, Part   | <u> A, COIUMN (B), IINE 1</u> | ιυ(C) )       |             |             |                |                  |         | <u>0.</u>   |  |

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

| (a) Description of security or category (including name of security) | (b) Book value                |             | (c) Method of valua<br>t or end-of-year mar |                                        |
|----------------------------------------------------------------------|-------------------------------|-------------|---------------------------------------------|----------------------------------------|
| (1) Financial derivatives                                            |                               | _           |                                             |                                        |
| (2) Closely-held equity interests                                    |                               |             |                                             |                                        |
| (3) Other                                                            |                               |             |                                             |                                        |
| (A) UNC INVESTMENT FUND, LLC                                         | 15,122,640.                   | END-OF-YE   | EAR MARKET                                  | VALUE                                  |
| (B)                                                                  |                               |             |                                             |                                        |
| (C)                                                                  |                               |             |                                             |                                        |
| (D)                                                                  |                               |             |                                             |                                        |
| (E)                                                                  |                               |             |                                             |                                        |
| (F)                                                                  |                               |             |                                             |                                        |
| (G)                                                                  |                               |             |                                             |                                        |
| (H)                                                                  |                               |             |                                             |                                        |
| (1)                                                                  |                               |             |                                             |                                        |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)       | 15,122,640.                   |             |                                             |                                        |
| Part VIII Investments - Program Related. S                           | ee Form 990, Part X, line 13. |             |                                             | <u></u>                                |
| (a) Description of investment type                                   | (b) Book value                |             | (c) Method of valua<br>t or end-of-year man |                                        |
| (1)                                                                  |                               |             |                                             |                                        |
| (2)                                                                  |                               |             |                                             | · <del></del>                          |
| (3)                                                                  |                               |             |                                             |                                        |
| (4)                                                                  |                               |             |                                             |                                        |
| (5)                                                                  |                               | - ··        |                                             |                                        |
| (6)                                                                  |                               |             | -                                           | _                                      |
| (7)                                                                  |                               |             |                                             |                                        |
| (8)                                                                  |                               |             | <del></del>                                 |                                        |
| (9)                                                                  |                               | -           |                                             |                                        |
| (10)                                                                 |                               |             |                                             |                                        |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)       |                               |             | <del></del>                                 |                                        |
| Part IX Other Assets. See Form 990, Part X, line (a)                 | 15.<br>Description            |             |                                             | (b) Book value                         |
| (1)                                                                  |                               |             |                                             |                                        |
| (2)                                                                  |                               |             |                                             |                                        |
| (3)                                                                  |                               |             | . <u></u> .                                 |                                        |
| (4)                                                                  |                               |             |                                             |                                        |
| (5)                                                                  |                               |             |                                             |                                        |
| (6)                                                                  |                               |             |                                             | <del></del>                            |
| (7)                                                                  |                               |             |                                             | <u> </u>                               |
| (8)                                                                  |                               |             |                                             |                                        |
| (9)                                                                  | ···                           |             |                                             |                                        |
| (10)                                                                 | · <del>-</del>                |             |                                             |                                        |
| Total. (Column (b) must equal Form 990, Part X, col (B) line         | 9 15.)                        | <del></del> | <u> </u>                                    | ······································ |
| Part X Other Liabilities. See Form 990, Part X,                      |                               |             |                                             |                                        |
| 1. (a) Description of liability                                      |                               | (b) Amount  |                                             |                                        |
| (1) Federal income taxes                                             |                               |             |                                             |                                        |
| (2)                                                                  |                               |             |                                             |                                        |
| (3)                                                                  |                               |             |                                             |                                        |
| (4)                                                                  |                               |             |                                             |                                        |
| (5)                                                                  |                               |             |                                             |                                        |
| (6)                                                                  | -                             |             |                                             |                                        |
| (7)                                                                  |                               |             |                                             |                                        |
| (8)                                                                  |                               |             |                                             |                                        |
| 4                                                                    |                               |             |                                             |                                        |
| (9)                                                                  |                               |             |                                             |                                        |
| (10)                                                                 |                               |             |                                             |                                        |
|                                                                      |                               |             |                                             |                                        |

|           | dule D (Form 990) 2010 COMMUNICATION FOUNDATION OF                                                                                                   | F NC, INC.            |                   |         | 034739 Page <b>4</b>                  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|---------|---------------------------------------|
| Pai       | t XI Reconciliation of Change in Net Assets from Form 990 to                                                                                         | Audited Finance       | cial State        | ment    |                                       |
| 1         | Total revenue (Form 990, Part VIII, column (A), line 12)                                                                                             |                       | _1                | _       | 1,359,539.                            |
| 2         | Total expenses (Form 990, Part IX, column (A), line 25)                                                                                              |                       | _2                |         | 1,421,670.                            |
| 3         | Excess or (deficit) for the year. Subtract line 2 from line 1                                                                                        |                       | 3                 | _       | -62,131.                              |
| 4         | Net unrealized gains (losses) on investments                                                                                                         |                       | _4                |         | <u>1,392,875.</u>                     |
| 5         | Donated services and use of facilities                                                                                                               |                       | _5                |         |                                       |
| 6         | Investment expenses                                                                                                                                  |                       | _6                |         | _                                     |
| 7         | Prior period adjustments                                                                                                                             |                       | _7                |         |                                       |
| 8         | Other (Describe in Part XIV.)                                                                                                                        |                       | _8                |         | 1 222 277                             |
| 9         | Total adjustments (net). Add lines 4 through 8                                                                                                       |                       | 9                 |         | 1,392,875.                            |
| 10<br>Par | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme |                       | 10  <br>nue per R | eturn   | 1,330,744.                            |
| 1         | Total revenue, gains, and other support per audited financial statements                                                                             |                       | •                 | 1       | 2,971,155.                            |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                                                                   | •                     |                   |         |                                       |
| а         | Net unrealized gains on investments                                                                                                                  | 2a   1,39             | 2,875.            |         |                                       |
| ь         | Donated services and use of facilities                                                                                                               |                       | 8,741.            | 1       |                                       |
| c         | Recoveries of prior year grants                                                                                                                      | 2c                    |                   | 1       |                                       |
| d         | Other (Describe in Part XIV.)                                                                                                                        | 2d                    |                   | 1       |                                       |
| е         | Add lines 2a through 2d                                                                                                                              |                       |                   | 2e      | 1,611,616.                            |
| 3         | Subtract line 2e from line 1                                                                                                                         | •                     |                   | 3       | 1,359,539.                            |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                 |                       |                   |         |                                       |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                     | 4a                    |                   |         |                                       |
| b         | Other (Describe in Part XIV.)                                                                                                                        | 4b                    |                   | 1 1     |                                       |
| С         | Add lines 4a and 4b                                                                                                                                  |                       |                   | 4c      | 0.                                    |
| 5         | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                                                      |                       |                   | 5       | 1,359,539.                            |
| Pai       | t XIII Reconciliation of Expenses per Audited Financial Stateme                                                                                      | ents With Expe        | nses per          | Retu    | m                                     |
| 1         | Total expenses and losses per audited financial statements                                                                                           | <del></del>           |                   | 1       | 1,640,411.                            |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25                                                                                     |                       |                   |         |                                       |
| а         | Donated services and use of facilities                                                                                                               | 2a 21                 | 8,741.            |         |                                       |
| b         | Pnor year adjustments                                                                                                                                | 2b                    |                   | ]       |                                       |
| С         | Other losses                                                                                                                                         | 2c                    |                   | 1       |                                       |
| d         | Other (Describe in Part XIV)                                                                                                                         | 2d                    |                   | ]       |                                       |
| е         | Add lines 2a through 2d                                                                                                                              |                       |                   | 2e      | 218,741.                              |
| 3         | Subtract line 2e from line 1                                                                                                                         |                       |                   | 3       | 1,421,670.                            |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1                                                                                    |                       |                   |         | _                                     |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                     | 4a                    |                   |         |                                       |
| b         | Other (Describe in Part XIV.)                                                                                                                        | 4b                    |                   | ]       |                                       |
| С         | Add lines 4a and 4b                                                                                                                                  |                       |                   | 4c      | 0.                                    |
| _5_       | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                                                     |                       |                   | 5       | 1,421,670.                            |
| Pa        | t XIV Supplemental Information                                                                                                                       |                       |                   |         |                                       |
| Com       | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II                                                         | I, lines 1a and 4, Pa | rt IV, lines 1    | b and 2 | b; Part V, line 4; Part               |
|           | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp                                                           |                       | •                 |         | information.                          |
| PAI       | RT V, LINE 4: ENDOWMENT FUNDS ARE USED FOR                                                                                                           | SCHOLARSH             | IPS AN            | D       | · · · · · · · · · · · · · · · · · · · |
| RES       | SEARCH.                                                                                                                                              |                       |                   |         |                                       |
| L         |                                                                                                                                                      |                       |                   |         |                                       |
|           |                                                                                                                                                      |                       |                   |         |                                       |
|           |                                                                                                                                                      |                       |                   |         |                                       |
| PAI       | RT X, LINE 2: IN ACCORDANCE WITH FINANCIAL                                                                                                           | ACCOUNTIN             | G STAN            | DARI    | os                                    |
| BOZ       | ARD ("FASB") ACCOUNTING STANDARDS CODIFICA                                                                                                           | <u> </u>              | 0 ("AS            | C 74    | 10-10")                               |
| ACC       | COUNTING FOR INCOME TAXES, THE FOUNDATION                                                                                                            | REFLECTS I            | N THE             | FINA    | ANCIAL                                |
| ST        | ATEMENTS THE BENEFIT OF POSITIONS TAKEN IN                                                                                                           | A PREVIOU             | SLY FI            | LED     | TAX RETURN                            |
| <u>OR</u> | EXPECTED TO BE TAKEN IN A FUTURE TAX RETU                                                                                                            | RN ONLY WH            | EN IT             | is (    | CONSIDERED                            |
| 03205     | 4                                                                                                                                                    |                       |                   | Sched   | ule D (Form 990) 2010                 |
| 12-20-    | 10                                                                                                                                                   |                       |                   |         |                                       |

| Part AIV Supplemental Information (continued)                              |
|----------------------------------------------------------------------------|
| 'MORE-LIKELY-THAN-NOT' THAT THE POSITION TAKEN WILL BE SUSTAINED BY A      |
| TAXING AUTHORITY. THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS     |
| USING PROVISIONS OF ASC 450, CONTINGENCIES. ACCORDINGLY, A LOSS            |
| CONTINGENCY IS RECOGNIZED WHEN IT IS PROBABLE THAT A LIABILITY HAS BEEN    |
| INCURRED AS OF THE DATE OF THE FINANCIAL STATEMENTS AND THE AMOUNT OF THE  |
| LOSS CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS SUBJECT TO      |
| ESTIMATE AND MANAGEMENT JUDGMENT WITH RESPECT TO THE LIKELY OUTCOME OF     |
| EACH UNCERTAIN TAX POSITION. THE AMOUNT THAT IS ULTIMATELY SUSTAINED FOR   |
| AN INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITIONS IN |
| THE AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED.                     |
|                                                                            |
| IF APPLICABLE, PENALTIES AND INTEREST ASSESSED BY INCOME TAXING            |
| AUTHORITIES ARE INCLUDED IN GENERAL AND ADMINISTRATIVE EXPENSES. UNDER     |
| THE STATUTE OF LIMITATIONS, THE FEDERAL INFORMATIONAL RETURNS OF THE       |
| FOUNDATION FOR 2008 THROUGH 2010 ARE SUBJECT TO EXAMINATION BY TAXING      |
| AUTHORITIES. MANAGEMENT EVALUATED TAX POSITIONS FOR THE 2008 THROUGH 2010  |
| RETURNS, AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND       |
| BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS.        |
|                                                                            |
| · · · · · · · · · · · · · · · · · · ·                                      |
|                                                                            |
|                                                                            |
|                                                                            |
|                                                                            |
|                                                                            |
|                                                                            |
|                                                                            |

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2010
Open to Public Inspection

| Name of the organization THE SCHOOL OF JOURNALLSM COMMUNICATION FOUNDATION                                                                                                    | L OF JOUR<br>TION FOUN |                                  | AND MASS<br>OF NC, INC.  |                                   |                                                       |                                                 | Employer identification number 56-6034739 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------|-------------------------------------------|
| Part I General Information on Grants and Assistance                                                                                                                           | nd Assistance          |                                  |                          |                                   |                                                       |                                                 |                                           |
| 1 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    | to substantiate the    | amount of the grants             | s or assistance, the     | grantees' eligibility             | / for the grants or ass                               | istance, and the selec                          |                                           |
|                                                                                                                                                                               | stance?                | ,                                | :                        |                                   |                                                       |                                                 | X Yes No                                  |
| 핤                                                                                                                                                                             | cedures for monit      | coring the use of grant          | funds in the United      | d States.                         |                                                       |                                                 |                                           |
| Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any | Governments and        | d Organizations in the           | e United States. C       | complete if the orga              | inization answered "Y                                 | es" to Form 990, Part                           | IV, line 21, for any                      |
| recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II                                                             | \$5,000 Check this     | box if no one recipier           | nt received more th      | an \$5,000. Part II               | can be duplicated if a                                | can be duplicated if additional space is needed | pep                                       |
| 1 (a) Name and address of organization or government                                                                                                                          | ( <b>p)</b> EIN        | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance          | (h) Purpose of grant<br>or assistance     |
| THE UNIVERSITY OF NORTH CAROLINA                                                                                                                                              |                        |                                  |                          |                                   |                                                       |                                                 | FOR USE BY THE SCHOOL FOR                 |
| AT CHAPEL HILL SCHOOL OF                                                                                                                                                      |                        |                                  |                          |                                   |                                                       |                                                 | SCHOLARSHIPS, STUDENT,                    |
| JOURNALISM - CARROLL HALL, CB 3365                                                                                                                                            |                        |                                  |                          |                                   |                                                       |                                                 | FACULTY, STAFF SUPPORT                    |
| - CHAPEL HILL, NC 275993365                                                                                                                                                   | 56-6001393             | 501(C)(3)                        | 1,213,694.               | 0.                                |                                                       |                                                 | AND OTHER USES.                           |
|                                                                                                                                                                               |                        |                                  |                          |                                   |                                                       |                                                 |                                           |
|                                                                                                                                                                               |                        |                                  |                          |                                   |                                                       |                                                 |                                           |
|                                                                                                                                                                               |                        |                                  |                          |                                   |                                                       |                                                 |                                           |
|                                                                                                                                                                               |                        |                                  |                          |                                   |                                                       |                                                 |                                           |
|                                                                                                                                                                               |                        |                                  |                          |                                   |                                                       |                                                 |                                           |
| 2 Enter total number of section 501(c)(3) and government organizations<br>3 Enter total number of other organizations                                                         | nd government or<br>s  | ganizations                      |                          |                                   |                                                       |                                                 | 1.00                                      |

Schedule I (Form 990) (2010)

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

Schedule I (Form 990) (2010)

Page 2

56-6034739

INC COMMUNICATION FOUNDATION OF NC,

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

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) LINE 2: MANAGEMENT AT THE SCHOOL OF JOURNALISM AND MASS AND MASS COMMUNICATION IS IN CHARGE OF APPROVING AND MAINTAINING SUPPORTING Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. INC. AND THE RELATED SCHOOL OF JOURNALISM (d) Amount of non-cash assistance (c) Amount of cash grant DOCUMENTATION OF GRANT REQUESTS AND DISBURSEMENTS (b) Number of recipients COMMUNICATION FOUNDATION OF NC, (a) Type of grant or assistance PART I, SCHEDULE I,

Schedule I (Form 990) (2010)

032102 01-13-11

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2010

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE SCHOOL OF JOURNALISM AND MASS

COMMUNICATION FOUNDATION OF NC, INC.

Questions Regarding Compensation

, INC. 56-6034739

No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Compensation committee X Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in 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 from the organization or a related organization? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in 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? 6а X b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported in 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 X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2010

56-6034739

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

|                 |          | (B) Breakdown of         | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation                           | (0)                                        | <b>(0</b> )            | (E)        | (F)                                                            |
|-----------------|----------|--------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------------------|------------------------|------------|----------------------------------------------------------------|
| (A) Name        |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other<br>reportable<br>compensation | Netirement and other deferred compensation | Nontaxable<br>benefits | (B)(i)-(D) | Compensation<br>reported in pnor<br>Form 990 or<br>Form 990-EZ |
|                 |          | 0                        | 0                                                  | 0                                         | 0                                          | 0                      | 0          | 0                                                              |
| 1 JEAN FOLKERTS | €        | 233,88                   | 0                                                  | 0                                         | 16,142.                                    | 4,93                   | 254,956.   | 0                                                              |
|                 | Ξ        |                          |                                                    |                                           | 1 1                                        |                        | × 1        |                                                                |
| 2               | (E)      |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | ω        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 3               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | (i)      |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 4               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | (i)      |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 5               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Θ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 9               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | (i)      |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 7               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 8               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 6               | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 10              | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 11              | ⊞        |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 12              | ≘        |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 13              | <u> </u> |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 14              | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 15              | (II)     |                          |                                                    |                                           |                                            |                        |            |                                                                |
|                 | Ξ        |                          |                                                    |                                           |                                            |                        |            |                                                                |
| 16              | (ii)     |                          |                                                    |                                           |                                            |                        |            |                                                                |

Schedule J (Form 990) 2010

## SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Name of the organization

► Attach to Form 990.

THE SCHOOL OF JOURNALISM AND MASS

COMMUNICATION FOUNDATION OF NC, INC.

Employer identification number 56-6034739

| Par             | TI   Types of Property                                   |                               |                                                  |                                                                           |                                                |             |             |
|-----------------|----------------------------------------------------------|-------------------------------|--------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------|-------------|-------------|
|                 |                                                          | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu        |             | :s          |
| 1               | Art - Works of art                                       |                               | nome contributed                                 | TOWN BOOK TO ALL VIII, IIII 19                                            |                                                |             |             |
| 2               | Art · Historical treasures                               |                               | <u> </u>                                         |                                                                           |                                                | _=          |             |
| 3               | Art - Fractional interests                               |                               |                                                  |                                                                           |                                                |             |             |
| 4               | Books and publications                                   |                               |                                                  |                                                                           |                                                |             |             |
| 5               | Clothing and household goods                             |                               |                                                  |                                                                           |                                                |             |             |
| 6               | Cars and other vehicles                                  |                               |                                                  |                                                                           |                                                |             |             |
| 7               | Boats and planes                                         |                               |                                                  |                                                                           |                                                |             |             |
| 8               | Intellectual property                                    |                               |                                                  |                                                                           |                                                |             |             |
| 9               | Securities - Publicly traded                             |                               | <u> </u>                                         |                                                                           |                                                |             |             |
| 10              | Securities - Closely held stock                          |                               |                                                  |                                                                           |                                                |             |             |
| 11              | Securities - Partnership, LLC, or                        |                               |                                                  |                                                                           |                                                |             |             |
|                 | trust interests                                          |                               |                                                  |                                                                           |                                                |             |             |
| 12              | Securities - Miscellaneous                               | X                             | 7                                                | 43,277.                                                                   |                                                |             |             |
| 13              | Qualified conservation contribution -                    |                               |                                                  |                                                                           |                                                |             |             |
|                 | Historic structures                                      |                               | _                                                |                                                                           |                                                |             |             |
| 14              | Qualified conservation contribution - Other              |                               |                                                  |                                                                           |                                                |             |             |
| 15              | Real estate - Residential                                |                               |                                                  |                                                                           | <del> </del>                                   |             |             |
| 16              | Real estate - Commercial                                 |                               |                                                  |                                                                           |                                                |             |             |
| 17              | Real estate - Other                                      |                               |                                                  |                                                                           |                                                |             |             |
| 18              | Collectibles                                             |                               |                                                  |                                                                           |                                                |             |             |
| 19              | Food inventory                                           |                               |                                                  |                                                                           |                                                |             |             |
| 20              | Drugs and medical supplies                               |                               |                                                  |                                                                           | <del></del>                                    |             |             |
| 21              | Taxidermy                                                |                               |                                                  |                                                                           |                                                |             |             |
| 22              | Historical artifacts                                     |                               |                                                  |                                                                           |                                                |             |             |
| 23              | Scientific specimens                                     |                               |                                                  |                                                                           |                                                |             |             |
| 24              | Archeological artifacts                                  |                               |                                                  |                                                                           |                                                |             |             |
| 25              | Other ()                                                 |                               |                                                  |                                                                           |                                                |             |             |
| 26              | Other ()                                                 |                               |                                                  |                                                                           |                                                |             |             |
| 27              |                                                          |                               |                                                  | ,,,                                                                       | · · · · · · · · · · · · · · · · · · ·          |             |             |
| <u>28</u><br>29 | Other ( )  Number of Forms 8283 received by the organize | rotion durin                  | a the tex year for a                             | ontributions                                                              |                                                |             |             |
| 29              | for which the organization completed Form 828            |                               | •                                                |                                                                           |                                                |             |             |
|                 | for which the organization completed form ozo            | 55, Fait IV,                  | Dollee Ackilowied                                | gement [ 29 ]                                                             |                                                | Yes         | No          |
| 302             | During the year, did the organization receive by         | v contributiv                 | on any property rei                              | norted in Part I lines 1.28 tha                                           | t it must hold for                             | Tes         | NO          |
| ooa             | at least three years from the date of the initial of     |                               |                                                  |                                                                           |                                                |             |             |
|                 | the entire holding period?                               |                               | , and willow to hot                              | roquired to be deed for exem                                              | pt purposes for                                | 30a         | x           |
| b               | If "Yes," describe the arrangement in Part II.           | • •                           | • •                                              | •                                                                         |                                                | 000         | <del></del> |
| 31              | Does the organization have a gift acceptance p           | oolicy that r                 | equires the review                               | of any non-standard contribu                                              | tions?                                         | 31          | x           |
|                 | Does the organization hire or use third parties          |                               |                                                  |                                                                           | ······································         | <u> </u>    | <del></del> |
|                 | contributions?                                           |                               | J                                                | . , ,                                                                     |                                                | 32a         | x           |
| b               | If "Yes," describe in Part II.                           |                               |                                                  |                                                                           |                                                | <del></del> | <u> </u>    |
| 33              | If the organization did not report an amount in          | column (c) 1                  | for a type of prope                              | rty for which column (a) is chi                                           | ecked,                                         |             |             |
|                 | describe in Part II.                                     |                               |                                                  |                                                                           | <u>,                                      </u> |             |             |
|                 |                                                          |                               |                                                  |                                                                           |                                                |             |             |

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

Schedule M (Form 990) (2010)

### · SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### 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.

2010
Open to Public Inspection

Name of the organization

THE SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NC, INC.

Employer identification number 56-6034739

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
|----------------------------------------------------------------------------|
| THE UNC SCHOOL OF JOURNALISM AND MASS COMMUNICATION'S RESPONSIBILITY IS    |
| TO TRAIN THE NEXT GENERATION OF MEDIA PROFESSIONALS, INCLUDING             |
| JOURNALISTS, STRATEGIC COMMUNICATORS, TEACHERS AND RESEARCHERS, AND TO     |
| SERVE JOURNALISM AND COMMUNICATION PROFESSIONALS.                          |
| WE HOLD TRUE TO THE CORE PRINCIPLES OF JOURNALISM AND MASS                 |
| COMMUNICATION EDUCATION WHILE LEADING THE TRANSFORMATION IN THE DIGITAL    |
| COMMUNICATIONS ENVIRONMENT. WE HARNESS TECHNOLOGY TO ENHANCE OUR           |
| MISSION OF TEACHING, RESEARCH AND SERVICE. THE RESULT IS A HIGHLY          |
| ENGAGED SCHOOL WITH A SIGNIFICANT VOICE IN THE EVOLVING ISSUES OF OUR      |
| TIME.                                                                      |
| THE MOST RECENT REPORT BY THE ACCREDITING COUNCIL ON EDUCATION IN          |
| JOURNALISM AND MASS COMMUNICATIONS SAID THE SCHOOL "HAS EARNED A           |
| REPUTATION AS ONE OF THE PREMIER PROGRAMS IN JOURNALISM AND MASS           |
| COMMUNICATION."                                                            |
|                                                                            |
| FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY MANAGEMENT. |
|                                                                            |
| FORM 990, PART VI, SECTION B, LINE 12C: SELF-DISCLOSURE BY BOARD MEMBERS.  |
| THE FOUNDATION IS IN THE PROCESS OF DEVELOPING AND IMPLEMENTING A POLICY   |
| WHERE BOARD MEMBERS WILL BE REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL    |
| CONFLICTS.                                                                 |
|                                                                            |
| FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.                       |

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $^{032211}_{01:24\text{-}11}$ 

Schedule O (Form 990 or 990-EZ) (2010)

| Name of the organization | THE SCHOOL OF  |              |                     | Employer identification number |
|--------------------------|----------------|--------------|---------------------|--------------------------------|
|                          | COMMUNICATION  |              | OF NC, INC.         | 56-6034739                     |
| NET UNREALIZED           | GAINS ON INV   | ESTMENTS:    |                     | 1,392,875.                     |
|                          |                |              |                     |                                |
| FORM 990, PART           |                |              |                     |                                |
| THE FOUNDATION           | 'S AUDIT COMM  | ITTEE ASSUM  | ES OVERSIGHT OF THE | E AUDIT OF THE                 |
| FINANCIAL STAT           | 'EMENTS AND SE | LECTION OF A | AN INDEPENDENT ACC  | OUNTANT.                       |
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2010 Open to Public Inspection OMB No 1545-0047

> ► See separate instructions. ► Attach to Form 990.

**Employer identification number** 

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) COMMUNICATION FOUNDATION OF NC, INC. JOURNALISM AND MASS THE SCHOOL OF Name of the organization

56-6034739

| (a) Name, address, and EIN of disregarded entity                                                                                                                                                                        | (b)<br>Primary activity                | (c) Legal domicile (state or foreign country)       | (d)<br>Total income           | (e)<br>ne End-of-year assets                     |                               | (f)<br>Direct controlling<br>entity   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|-------------------------------|--------------------------------------------------|-------------------------------|---------------------------------------|--------------|
|                                                                                                                                                                                                                         |                                        |                                                     |                               |                                                  |                               |                                       |              |
|                                                                                                                                                                                                                         | 3                                      |                                                     |                               |                                                  |                               |                                       |              |
|                                                                                                                                                                                                                         |                                        |                                                     |                               |                                                  |                               |                                       |              |
|                                                                                                                                                                                                                         |                                        |                                                     |                               | _                                                |                               |                                       |              |
| Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) | ations (Complete if the organization a | nswered "Yes" to Form 990                           | Part IV, line 34 be           | cause it had one                                 | or more related tax-exem      | ρţ                                    | •            |
| (a) Name, address, and EIN of related organization                                                                                                                                                                      | (b) Primary activity                   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 512(b)(13) controlled entity? | (6) (13) Pag |
| UNC-CH SCHOOL OF JOURNALISM & MASS COMMUNICATION - 56-6001393, CAMPUS BOX 3365, CHAPEL HILL, NC 27599                                                                                                                   | UNIVERSITY                             | NORTH CAROLINA                                      | 501(C)(3)                     | 170(B)(1)(A)                                     | STATE OF NORTH<br>CAROLINA    |                                       | ×            |
|                                                                                                                                                                                                                         |                                        |                                                     |                               |                                                  |                               |                                       |              |
|                                                                                                                                                                                                                         |                                        |                                                     |                               |                                                  |                               |                                       |              |

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

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Schedule R (Form 990) 2010

THE SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NC, INC.

Page 2

56-6034739

Schedule R (Form 990) 2010

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part≡

| (j) (k) ' General or Percentage managing ownership paring? Yes No                     |  |      | e related                                                                                                                                                                                                                                                             | (h)<br>Percentage<br>ownership                     |      |  | Schedule R (Form 990) 2010 |
|---------------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------|--|----------------------------|
| General or managing partner?                                                          |  | <br> | ne or mor                                                                                                                                                                                                                                                             |                                                    |      |  | R (Form                    |
| (i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)                           |  |      | ause it had or                                                                                                                                                                                                                                                        | (g) al Share of end-of-year assets                 | <br> |  | Schedule                   |
| (h)  Disproportion- ate allocations?  Yes No K-1                                      |  |      | IV, line 34 bec                                                                                                                                                                                                                                                       | (f)<br>Share of total<br>income                    |      |  |                            |
| (g) Share of end-of-year assets Y                                                     |  |      | to Form 990, Part                                                                                                                                                                                                                                                     | (e) Type of entity (C corp, S corp, or trust)      |      |  |                            |
| (f)<br>Share of total<br>income                                                       |  |      | n answered "Yes"                                                                                                                                                                                                                                                      | (d) Direct controlling entity                      |      |  |                            |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |  |      | if the organizatio                                                                                                                                                                                                                                                    | Legal domicile (state or foreign country)          |      |  | 34                         |
|                                                                                       |  |      | omplete                                                                                                                                                                                                                                                               | iivity                                             |      |  | .,                         |
| (d) Direct controlling entity                                                         |  |      | ration or Trust (Cear.)                                                                                                                                                                                                                                               | (b)<br>Primary activity                            |      |  |                            |
| (C) Legal domicile (state or foreign                                                  |  |      | s a Corpo<br>g the tax y                                                                                                                                                                                                                                              |                                                    |      |  |                            |
| (b) Primary activity                                                                  |  |      | anizations Taxable as<br>poration or trust during                                                                                                                                                                                                                     | Z -                                                |      |  |                            |
| (a) Name, address, and EIN of related organization                                    |  |      | Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | (a) Name, address, and EIN of related organization |      |  | 032162 12-21-10            |

# JOURNALISM AND MASS THE SCHOOL OF

INC. FOUNDATION OF NC, COMMUNICATION Schedule R (Form 990) 2010

Page 3

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| a, or 36.)                       |
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| 90, Part IV, line 34, 35, 35a, c |
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| Yes" to Form 990                 |
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|                                         | d in Parts II-IV?                      |
|-----------------------------------------|----------------------------------------|
|                                         | ne or more related organizations liste |
| ııs schedule.                           | following transactions with one        |
| is listed in Parts II, III, or IV of th | ganization engage in any of the        |
| Note. Complete line 1 if any entity i   | During the tax year, did the org       |

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)

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- Purchase of assets from other organization(s)
  - Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
  - m Sharing of facilities, equipment, mailing lists, or other assets
- Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| 2 II the allower to any of the above is 1 es, see the instructions for information on w | ווס ווומפר כסוווסופופ נוו  | is illie, illicidali ig covered | lation of who hinst complete this fille, including covered reactions into an execution the should |
|-----------------------------------------------------------------------------------------|----------------------------|---------------------------------|---------------------------------------------------------------------------------------------------|
| (а)<br>Name of other organization                                                       | (b) Transaction type (a-r) | (c)<br>Amount involved          | (d)<br>Method of determining<br>amount involved                                                   |
| (1) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.                                            | В                          | 1,213,694.                      | 1,213,694. ACTUAL PAYMENTS TO SCHOOL                                                              |
| (2) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.                                            | П                          | 97,231.                         | 97,231. ACTUAL FEES PAID TO UNIVERSITY                                                            |
| (3) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.                                            | M                          | 29,914.                         | 29,914. DONATED FACILITIES FROM SCHOOL                                                            |
| (4) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.                                            | Z                          | 188,827.                        | 188,827.SALARY REIMBURSED TO SCHOOL                                                               |
| (5)                                                                                     |                            |                                 |                                                                                                   |
| (9)                                                                                     |                            |                                 |                                                                                                   |
|                                                                                         |                            |                                 |                                                                                                   |

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COMMUNICATION FOUNDATION OF NC, INC. THE SCHOOL OF JOURNALISM AND MASS

Schedule R (Form 990) 2010

Page 4 56-6034739

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (4)                                 | (4)              | (3)               | 6)                               | (9)   | ٤                  | (5)              | 3                    |              |
|-------------------------------------|------------------|-------------------|----------------------------------|-------|--------------------|------------------|----------------------|--------------|
| NI page comply                      | charten recentle |                   | Are all partners                 | Choro | Olepropor-         | IGI I / OPOC     |                      | 2            |
| Name, address, and Ein<br>of entity | Filmary activity | (state or foreign | section 501(c)(3) organizations? |       | tionate<br>tionate | amount in box 20 | managing<br>partner? | 5 <b>0</b> % |
|                                     |                  |                   | Yes No                           |       | Yes No             | (Form 1065)      | Yes                  | £            |
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Schedule R (Form 990) 2010

THE SCHOOL OF JOURNALISM AND MASS

### ' Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No. 1545-1709

| <ul><li>If you a</li></ul>        | re filing for an Automatic 3-Month Extension, comple                             | te only Pa   | rt I and check this box                     |            | <b>&gt;</b>             | $\mathbf{x}$ |  |  |
|-----------------------------------|----------------------------------------------------------------------------------|--------------|---------------------------------------------|------------|-------------------------|--------------|--|--|
| • If you a                        | re filing for an Additional (Not Automatic) 3-Month Ex                           | tension, c   | complete only Part II (on page 2 of this    | form)      |                         |              |  |  |
| Do not co                         | omplete Part II unless you have already been granted a                           | an automa    | tic 3-month extension on a previously fi    | led For    | m 8868                  |              |  |  |
| Electroni                         | c filing (e-file). You can electronically file Form 8868 if                      | ou need a    | a 3-month automatic extension of time t     | o file (6  | months for a corpo      | oration      |  |  |
| required t                        | o file Form 990-T), or an additional (not automatic) 3-mo                        | nth extens   | sion of time. You can electronically file F | om 88      | 368 to request an ex    | ktension     |  |  |
| of time to                        | file any of the forms listed in Part I or Part II with the ex-                   | ception of   | Form 8870, Information Return for Tran      | sfers A    | Associated With Cei     | rtain        |  |  |
| Personal                          | Benefit Contracts, which must be sent to the IRS in pap                          | er format    | (see instructions). For more details on t   | he elec    | tronic filing of this f | orm,         |  |  |
| visit www                         | urs.gov/efile and click on e-file for Charities & Nonprofits                     |              |                                             |            |                         |              |  |  |
| Part I                            | Automatic 3-Month Extension of Time                                              | Only su      | bmit original (no copies needed).           |            |                         |              |  |  |
| A corpora                         | ition required to file Form 990-T and requesting an autor                        | natic 6-mo   | onth extension - check this box and con     | nplete     |                         |              |  |  |
| Part I only                       | <i>(</i>                                                                         |              |                                             |            | <b>&gt;</b>             |              |  |  |
|                                   | corporations (including 1120-C filers), partnerships, REM<br>ome tax returns.    | IICs, and ti | rusts must use Form 7004 to request ar      | exten      | sion of time            |              |  |  |
| Type or                           | Name of exempt organization                                                      |              |                                             | Emp        | loyer identification    | number       |  |  |
| print                             | THE SCHOOL OF JOURNALISM A                                                       | ND MA        | SS                                          |            | -                       |              |  |  |
|                                   | COMMUNICATION FOUNDATION OF                                                      | F NC,        | INC.                                        | 5          | 6-6034739               |              |  |  |
| File by the<br>due date for       | e date for Number, street, and room or suite no. If a P.O box, see instructions. |              |                                             |            |                         |              |  |  |
| filing your<br>return. See        | ing your turn See CAMPUS BOX 3365, CARROLL HALL                                  |              |                                             |            |                         |              |  |  |
| instructions                      | built See                                                                        |              |                                             |            |                         |              |  |  |
|                                   | CHAPEL HILL, NC 27599-336                                                        | 5            |                                             |            |                         | <u> </u>     |  |  |
|                                   |                                                                                  |              |                                             |            |                         |              |  |  |
| Enter the                         | Return code for the return that this application is for (file                    | e a separa   | te application for each return)             |            |                         | 0 1          |  |  |
| Application Return Application Re |                                                                                  |              |                                             |            |                         |              |  |  |
| Is For                            |                                                                                  | Code_        | Is For                                      |            |                         | Code         |  |  |
| Form 990                          |                                                                                  | 01           | Form 990-T (corporation)                    |            |                         | 07           |  |  |
| Form 990                          | -BL                                                                              | 02           | Form 1041-A                                 |            |                         | 08           |  |  |
| Form 990                          | ŀEZ                                                                              | 01           | Form 4720                                   |            |                         | 09           |  |  |
| Form 990                          | PF                                                                               | 04           | Form 5227                                   |            |                         | 10           |  |  |
| Form 990                          | -T (sec. 401(a) or 408(a) trust)                                                 | 05           | Form 6069                                   |            |                         | 11           |  |  |
| Form 990                          | -T (trust other than above)                                                      | 06           | Form 8870                                   |            |                         | 12           |  |  |
|                                   | SUSAN KING                                                                       |              |                                             |            |                         |              |  |  |
| • The bo                          | ooks are in the care of   CARROLL HALL,                                          | <u>UNC -</u> | CHAPEL HILL, NC 275                         | <u> 99</u> |                         |              |  |  |
| Teleph                            | none No ▶ <u>919-962-1204</u>                                                    |              | FAX No. ►                                   |            |                         | ,            |  |  |
|                                   | organization does not have an office or place of busines                         |              |                                             |            | <b>&gt;</b>             | · 🔲          |  |  |
| • If this                         | is for a Group Return, enter the organization's four digit                       | - '          | · · · · · · · · · · · · · · · · · · ·       |            | • • •                   |              |  |  |
| box 🕨                             |                                                                                  |              |                                             |            | ers the extension is    | for.         |  |  |
| 1 I re                            | quest an automatic 3-month (6 months for a corporation                           |              |                                             |            |                         |              |  |  |
|                                   | FEBRUARY 15, 2012, to file the exemp                                             | t organiza   | tion return for the organization named a    | above.     | The extension           |              |  |  |
| IS fo                             | or the organization's return for:                                                |              |                                             |            |                         |              |  |  |
| <b>▶</b> [                        | calendar year or                                                                 |              | aa TIDI 20 2011                             |            |                         |              |  |  |
|                                   | X tax year beginning JUL 1, 2010                                                 | , an         | d ending <u>JUN</u> 30, 2011                |            | <del>- ·</del>          |              |  |  |
| 0 15 11                           | ne tax year entered in line 1 is for less than 12 months, o                      | hock roce    | on Initial return Fina                      | al retur   | <b>.</b>                |              |  |  |
| 2  ft                             | Change in accounting period                                                      | HECK IEAS    | OII FIIId                                   | ai ietui   | "                       |              |  |  |
| _                                 |                                                                                  |              |                                             |            |                         |              |  |  |
| 3a If th                          | nis application is for Form 990-BL, 990-PF, 990-T, 4720,                         | or 6069. e   | nter the tentative tax, less any            |            |                         |              |  |  |
|                                   | nrefundable credits. See instructions.                                           |              |                                             | 3a         | s                       | 0.           |  |  |
|                                   | nis application is for Form 990-PF, 990-T, 4720, or 6069,                        | enter anv    | refundable credits and                      |            | ,                       |              |  |  |
|                                   | imated tax payments made. Include any prior year over                            |              |                                             | 3b         | s                       | 0.           |  |  |
|                                   | lance due. Subtract line 3b from line 3a. Include your pa                        |              |                                             | 1          |                         |              |  |  |
|                                   | using EFTPS (Electronic Federal Tax Payment System).                             | •            | •                                           | 3c         | \$                      | 0.           |  |  |
|                                   | If you are going to make an electronic fund withdrawal                           |              | <del>-</del>                                |            |                         |              |  |  |
|                                   | or Paperwork Reduction Act Notice, see Instructions                              |              |                                             |            | Form <b>8868</b> (R     |              |  |  |

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