

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Open to Public

OMB No 1545-0047

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

									
A F	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and ending	<u>JUN 30, 2012</u>						
Во	Check if	C Name of organization	D Employer identifi	cation number					
а	applicable	THE SCHOOL OF GOVERNMENT							
Γ	Addre	S DOING THE	į						
F	Name		56-1	966429— —— —					
H	chang								
Έ	return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	· ·	•					
느	Termir	CB #3330 KNAPP-SANDERS BUILDING	(919	<u>)962-4247 </u>					
	Ameno return	City or town, state or country, and 21-	G Gross receipts \$	Gross receipts \$ 2,742,759.					
	Applic tion	CHAPEL HILL, NC 2/599-5550	H(a) Is this a group re	eturn					
	pendir	F Name and address of principal officer MAURICE R. SMITH	for affiliates?	Yes X No					
		SAME AS C ABOVE	H(b) Are all affiliates ind	luded? Yes No					
1 7	Tay-eye			list. (see instructions)					
		e: N/A	H(c) Group exemptio						
			ear of formation: 1996 N	State of legal domicile. NC					
Pé	art I	Summary							
ø	1	Briefly describe the organization's mission or most significant activities $\ \overline{ ext{THE}}\ \ \overline{ ext{FOUN}}$							
Ĕ	!	<u>TEACHING, RESEARCHING, CONSULTING AND PUBLIS</u>	<u>HING AT THE S</u>	CHOOL OF					
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	ssets					
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	17					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15					
ଐ ଏ	5	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0					
ţ	٦			19					
ξ	6	Total number of volunteers (estimate if necessary)	6						
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
<u></u>	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
2013 Activities & Governance			Prior Year	Current Year					
		Contributions and grants (Part VIII, line 1h)	1,810,977.	1,981,384.					
JAHEVehu	9	Program service revenue (Part VIII, line 2g)	105,251.	110,362.					
~	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	632,763.	650,752.					
₹	1	Other revenue (Part VIII, column (A), Junes 5, 6d, 8c, 9c, 10c, and 11e)	383.	261.					
	1	Total revenue - add lines 8through 11 (pulst equal Part VIII, column (A), line 12)	2,549,374.	2,742,759.					
Expenses NINEL			486,385.	727,259.					
₽	13	Grants and simular amounts paid (Part IX, column (A), lines 1-3)							
Ž	14	Benefits paid tear for members (Pan la column (A), line 4)	0.	0.					
To.		Salaries, other phyperisation, employee berieffs (Part IX, column (A), lines 5-10)	0.	0.					
35		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
×	b	Total fundraising expenses (Rank k, column (D), line 25) 190,713.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	217,734.	317,553.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	704,119.	1,044,812.					
	19	Revenue less expenses. Subtract line 18 from line 12	1,845,255.	1,697,947.					
os Ses			Beginning of Current Year	End of Year					
Vet Assets or und Balances	20	Total assets (Part X, line 16)	15,949,109.	17,433,211.					
AS Bai	24	Total liabilities (Part X, line 16)	35,341.	84,739.					
팔	21		15,913,768.						
<u>_u_</u>	ZZ	Net assets or fund balances. Subtract line 21 from line 20	15,913,700.	17,348,472.					
	art II	Signature Block		 					
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is					
true,	, correc	t, and complete. Declaration of preparer (other than officer) is pased on all information of which prep	arer has any knowledge.						
		Draller S. Bills		3/13					
Sig	n	Signature of officer	Date *	•					
Her		▶ BRAD VOLK, TREASURER							
	_	Type or print name and title							
		Print/Type preparer's name Preparer's signature '	Date , Check	PTIN					
Paid	4	V.)- 4 1							
									
	parer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.	Firm's EIN	56-1304727					
use	Only	Firm's address 1414 RALEIGH RD, SUITE 300							
		CHAPEL HILL, NC 27517	Phone no. (919)942-8700					
May	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No					
		A LHA For Paparwork Poduction Act Notice and the congrete instructions		Form 990 (2011)					

THE SCHOOL OF GOVERNMENT

		INDATION , INC . am Service Accomplishments		1966429 Pag
	Check if Schedule O cont	ains a response to any question in this Part II	<u>. </u>	[
1	Briefly describe the organization	n's mission		
	THE FOUNDATION S	SUPPORTS TEACHING, RESE	ARCHING, CONSULTING A	ND
		IE SCHOOL OF GOVERNMENT		
-				
-	Did the organization undertake :	any significant program services during the ye	par which were not listed on	
				— Yes X
	f "Yes," describe these new ser			
		ducting, or make significant changes in how it	conducts, any program services?	Yes X
	f "Yes," describe these change		, , , , , , , , , , , , , , , , , , , ,	
		gram service accomplishments for each of its	three largest program services, as measu	red by expenses
,	Section 501(c)(3) and 501(c)(4) o	organizations and section 4947(a)(1) trusts are	e required to report the amount of grants a	
	- -	revenue, if any, for each program service repo		110 200
	CODE) (Expenses \$		727,259.) (Revenue \$	110,362
	AT CHAPEL HILL.	CHOOL OF GOVERNMENT AT	THE UNIVERSITY OF NO	RTH CAROLIN
4	AT CHAPEL HILL.			
-				
-				
-				
-				
-				
-				
-				
-				
-				
_) /a			
(Code) (Expenses \$	encluding grants of \$) (Revenue \$	
-				
-				
-	·			
-		 ,		-
-				
-				
-				
-	·		· · · · · · · · · · · · · · · · · · ·	
-				
-				
-		· · · · · · · · · · · · · · · · · · ·		
_	\\(\(\)) (c	
١,	Code) (Expenses \$	including grants of \$		
-				
-				
-				
-				
-				
-				
-				
-				
-				
-				_
-				
(Other program services (Describ	pe in Schedule O)		
(Expenses \$	including grants of \$) (Revenue \$)
_		es▶ 727,259.		

56-1966429 Page 3

Form 990 (2011) FOUNDATION, INC.

Part IV Checklist of Required Schedules

If "Yes," 2 Is the or	ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? complete Schedule A			
2 Is the or	complete Schedule A			
		1	X	
3 Did the o	ganization required to complete Schedule B, Schedule of Contributors?	2	X	L
	organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
public of	ffice? 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 th	ne tax year? If "Yes," complete Schedule C, Part II	-4 -		<u>-X</u> -
5 Is the or	ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
sımılar a	mounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6 Did the d	organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
provide	advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 Did the o	organization receive or hold a conservation easement, including easements to preserve open space,			
the envir	ronment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8 Did the d	organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Schedul	e D, Part III	8	- 1	X
9 Did the d	organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	ounseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10 Did the d	organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	ents, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11 If the org	ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
as applic	cable			
a Did the d	organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Part VI		11a	X	
b Did the d	organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
assets re	eported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c Did the o	organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
assets re	eported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d Did the d	organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
Part X, III	ne 16? If "Yes," complete Schedule D, Part IX	11d		X
e Did the d	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f Did the d	organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the orga	nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X	
12a Did the o	organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	e D, Parts XI, XII, and XIII	12a	X	
	organization included in consolidated, independent audited financial statements for the tax year?			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13 Is the or	ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
	organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	ent, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	P If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
	organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
	organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
	organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
	organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	la? If "Yes," complete Schedule G, Part II	18		<u>X</u>
	organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	e Schedule G, Part III	19		<u>X</u>
	organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b It "Yes" 1	to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	2011)

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			ĺ
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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	x	-
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
h	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	270		
·		24c		
ق.	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	0.5		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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			37
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ĺ
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
	If "Yes," complete Schedule N, Part I	31	ļ. <u> </u>	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			ĺ
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		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	
				2011\

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0		- —	<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
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)?	4a		X
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			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
L	any contributions that were not tax deductible?	_6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		1	
7	Organizations that may receive deductible contributions under section 170(c).	6b		
' 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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			_
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	-112	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	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?	100	:	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	150		
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			
С	Enter the amount of reserves on hand	ĺ		
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2011)

THE SCHOOL OF GOVERNMENT

FOUNDATION, INC. 56-1966429 Form 990 (2011) 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. \Box Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 17 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 1-5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х Яa Х b Each committee with authority to act on behalf of the governing body? d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization Х 15b 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? Х 16a b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 20 BRAD VOLK - 919-843-2553 CB #3330 KNAPP-SANDERS BUILDING, CHAPEL HILL, 27599

6

Form **990** (2011)

Page 7

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

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

• 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) Name and Title	(B) Average hours per	rage (do not o				ıs bot	h an	•	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BOB J. CRUMLEY DIRECTOR	0.50	x						0.	0.	0.
(2) S. ELLIS HANKINS	0.50	1					 		0.	.
DIRECTOR	0.50	X						0.	0.	0.
(3) JIMMIE B. HICKS, JR. DIRECTOR	0.50	×						0.	0.	0.
(4) CHARLES B. NEELY, JR.	0.30	125	T		<u> </u>	1		.	<u> </u>	•
DIRECTOR	0.50	x						0.	0.	0.
(5) DAVID F. THOMPSON										
DIRECTOR	0.50	X				_		0.	0.	0.
(6) MICHAEL R. SMITH										
EXECUTIVE DIRECTOR	2.00	X	<u> </u>	X				0.	261,422.	<u>57,617.</u>
(7) THOMAS H. THORNBURG										
SECRETARY	2.00	X	-	X		-	<u> </u>	0.	185,653.	40,918.
(8) J. EDWARD KITCHEN	0.50	,,							_	
DIRECTOR	0.50	<u>^</u>	├		├	╁		0.	0.	0.
(9) SUSAN PATTERSON	0.50							0.	0.	0.
DIRECTOR (10) MAURICE R. SMITH	0.30	^	╁					<u> </u>		<u> </u>
PRESIDENT	1.00	×		x				0.	0.	0.
(11) KENNETH L. CARTER, JR.	1.00	1						`		•
DIRECTOR	0.50	$ _{\mathbf{x}}$						0.	0.	0.
(12) FRANKLIN E. FREEMAN, JR.										
DIRECTOR	0.50	X						0.	0.	0.
(13) CURTIS CLARK										
DIRECTOR	0.50	X						0.	0.	0.
(14) ELIZABETH KEEVER										
DIRECTOR	0.50	X				╙	_	0.	0.	0.
(15) EMILY L. WILLIAMSON GANGI					İ			_	_	
DIRECTOR	0.50	X	-	_	┝	┢	<u> </u>	0.	0.	0.
(16) JEFFREY SCOTT KOEZE	0.50								_	
DIRECTOR	0.50	X	\vdash	\vdash	\vdash	\vdash	├	0.	0.	0.
(17) JAMES LAYMAN WESTBROOK, JR.	0.50	\ ~					1	0.	0.	0.
DIRECTOR 132007 01-23-12	1 0.50	1		<u> </u>	<u> </u>	Ь—			U.	Form 990 (2011)

Form 990 (2011) FOUNDATI								·		<u>-1966</u>	429	Р	age 8
Part VII Section A. Officers, Directors, Tre		mple	oyee			High	est				ı		
(A)	(B) Average				C) sition			(D)	(E)		_	(F)	-
Name and title	hours per			heck	more rson	than		Reportable compensation	Report		Estimated amount of		
	week				directo				from related		other		
	(describe	ector						the	organiza		com	pensa	
	hours for related	or dir	, a			ated		organization	(W-2/1099	-MISC)		rom th	-
	organizations	rustee	Institutional trustee		8	npens		(W-2/1099-MISC)	:			janiza d rela	
	-in-Schedule-	Individual trustee or director	ationa	-	Key employee	Highest compensated employee	 					anızat	
	0)	М	Instit	Officer	Key e	He He	Former						
(18) BRAD G. VOLK		<u> </u>		_	<u> </u>		_						
TREASURER	3.00		<u> </u>	X	 		_	0.	140	,750.	3	1,0	21.
(19) ANN C. SIMPSON	25.00			x				0.	102	260	2	2,7	60
ASSISTANT EXEC, DIRECTOR	23.00			^					103	<u>,268.</u>		<u> 4 , 1</u>	60.
<u> </u>													
			-										
												·	
						Ļ	<u> </u>		504		4.5		
1b Sub-total	U O A							0.	691	<u>,093.</u>	15	2,3	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	691	<u>0.</u> ,093.	15	2,3	<u>0.</u>
Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wh	ho r	·				<u>.,,</u>	
compensation from the organization								- 					0
0. Oddba arasanda da arasanda a												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	y er	npio	yee	, or	highest compensated e	mployee on				
4 For any individual listed on line 1a, is the si			amo	ensa	ation	ano	d otl	her compensation from	the organizat	ıon	_3		X
and related organizations greater than \$15			-					•	tilo organizat		4	х	
5 Did any person listed on line 1a receive or									idual for serv	ices			
rendered to the organization? If "Yes," con	plete Schedui	<u>le J f</u>	or s	uch	pers	on					5		X_
Section B. Independent Contractors												_	
Complete this table for your five highest complete the organization. Report compensation for	•								•	compens	ation 1	from	
(A)	trie caleridar y	cai	orio:	iig v	VICIT	<u>01 W</u>		(B)	yeai		(0	C)	
Name and business	address							Description of s	services	c	ompe		n
NETSUITE, 2955 CAMPUS DR MATEO, CA 94403	IVE SUI	TE	1(00	, :	SAI		TECHNICAL SU SERVICES	PPORT		10	1,3	84.
									<u>-</u>				
					_						_		
2 Total number of independent contractors (not li	mite	d to	tho	se la	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zauvii 💌										Form	990	2011)

FOUNDATION, INC.

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am Am	С	Fundraising events	1c					
<u> </u>	ď	Related organizations	1 <u>d</u>					
Ξ,	е	Government grants (contribut	ions) 1e					
20	f_	All other contributions, gifts, gran						
Ē≨		sımılar amounts not ıncluded abo	ve 1f 1	981,384.				
9	g	Noncash contributions included in lines	1a-1f \$	<u>5,352</u> .				
<u> </u>	h	Total. Add lines 1a-1f		.	1,981,384.			
				Business Code				
စ္ပ	2 a	CONTRACT REVENU	JE	900099	110,362.	110,362.		
ه څ	b							
2 2	С							
e a	d						_	
Program Service Revenue	е							
<u> </u>	f	All other program service reve	enue					
	9	Total. Add lines 2a-2f			110,362.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	186,906.			186,906.
	4	Income from investment of ta	x-exempt bond ¡	oroceeds 🕨				
-	5	Royalties		.				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	463,846.	,				
	b	Less cost or other basis						
-		and sales expenses	0.	,				
	C	Gain or (loss)	463,846.					
	d	Net gain or (loss)			463,846.			463,846.
<u>ب</u>	8 a							•
er		including \$	of					
<u>ا ۾</u>		contributions reported on line	1c) See					
- G		Part IV, line 18	а	·				
Other Revenue	b	Less direct expenses	b	· [
-	С	, ,	-	<u> </u>				-
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	, ,	_	<u> </u>				-
	10 a	Gross sales of inventory, less	returns					
		and allowances	а			1		
		Less: cost of goods sold	b					
-	С	Net income or (loss) from sale		<u> </u>				
⊢		Miscellaneous Revenu		Business Code	0.51			0.00
	11 a	SALES TAX REFUN		900099	261.	<u> </u>		261.
	b	·						<u> </u>
	С		 .	<u> </u>				
	d	All other revenue			0.54			
		Total. Add lines 11a-11d		•	261.	110 050		CF4 046
	12	Total revenue. See instructions.			2,742,759.	110,362.	0	<u>. 651,013.</u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	707 050	505 OF 0		
	organizations in the United States. See Part IV, line 21	727,259.	727,259.		
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments.				
	organizations, and individuals outside the				
	United States 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 accruals and 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	50.040			
f	Investment management fees	50,340.		50,340.	
g	Other	15,300.		15,300.	
12	Advertising and promotion	12 050			
13	Office expenses	13,850.		9,855.	3,995
14	Information technology				
15	Royalties				
16	Occupancy	0.054			
17	Travel	2,851.	- · · -	2,250.	601
18	Payments of travel or entertainment expenses	ŀ			
	for any federal, state, or local public officials	4 4 4 4 5			
19	Conferences, conventions, and meetings	4,113.		3,952.	161
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	STAFF SUPPORT	120,536.		32,178.	88,358
b	DEVELOPMENT ASSESSMENT	95,454.			95,454
С	MISCELLANEOUS	10,173.		8,029.	2,144
d	TELEPHONE	2,952.		2,952.	
е	All other expenses	1,984.		1,984.	
25	Total functional expenses. Add lines 1 through 24e	1,044,812.	727,259.	126,840.	190,713
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

FOUNDATION, INC.

Par	t.X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	2,565,872.	2	2,966,842
	3	Pledges and grants receivable, net	350,366.	3	363,970
	4	Accounts receivable, net	13,182.	4	36,400
	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			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	201,396.	9	20,287
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 3,472.			
	b	Less accumulated depreciation 10b 3,472.	240.	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	12,816,726.	12	14,045,087
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
1	15	Other assets See Part IV, line 11	1,327.	15	625
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,949,109.	16	17,433,211
	17	Accounts payable and accrued expenses	35,341.	17	<u>84,739</u>
	18	Grants payable		18	
	19	Deferred revenue		19	=1
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
		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	
١	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
4	26	Total liabilities. Add lines 17 through 25	35,341.	26	84,739
-		Organizations that follow SFAS 117, check here X and complete			
		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	12,921,926.	27	14,149,900
	28	Temporarily restricted net assets	1,554,151.	28	1,528,695
	29	Permanently restricted net assets	1,437,691.	29	1,669,877
		Organizations that do not follow SFAS 117, check here		.	
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
٠	33	Total net assets or fund balances	<u> 15,913,768.</u>	33	<u>17,348,472</u>
	34_	Total liabilities and net assets/fund balances	15,949,109.	34	<u>17,433,211</u>

Form 990 (2011)

Form **990** (2011)

-om	990 (2011) FOUNDATION, INC.	<u> </u>	00423	<u>ra</u>	<u>ge 12</u>			
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	2,74	<u>2,7</u>	<u>59.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04	<u>1,044,812</u>				
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,91	3,7	68.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26	3,2	<u>43.</u>			
<u>-6 -</u>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	-6-	17,34	8,4	<u>-7-2</u> -			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
	<u> </u>	_		Yes	No			
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		l			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			1			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch	edule O			1			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			!			
	separate basis, consolidated basis, or both							
	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 Si	ngle Audit						
	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 required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2011

Open to Public Inspection

Name of t	the organizati	on THE SCH	OOL OF GOVER	NMENT	1			E	mployer ic	dentificati	on nur	nber
			ION, INC.						56	<u>-1966</u>	<u>429</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this part) See inst	tructions.				
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox)					
1 [A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	hedule E)								
_3	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)(A)(iii).					•••
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter th	e hospital	's name	e,
	city, and stat											
5 X	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	erated by	a govern	mental un	it described	d ın		
		(b)(1)(A)(iv). (Comple	•									
6 📙	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	e general pu	ublic desc	ribed in	1
	section 170(b)(1)(A)(vi). (Comple	te Part II)									
8 📙	A community	trust described in s	ection 170(b)(1)(A)(vı).	(Complete	Part II)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, m	nembersh	ıp fees, and	d gross red	eipts f	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	s support fr	rom gross	ınvestr	ment
	income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anızatıon af	ter June 3	0, 197	5
		509(a)(2). (Complete	•									
10	•		perated exclusively to te	•	•			•				
11	=	=	perated exclusively for the						-			r
			ations described in secti) See sec	tion 509((a)(3). Chec	ck the box	that	
		· · · · -	organization and compl		-				.—			
	a Type		• •	c Typ		•	•			Type III - (
e	-	•	it the organization is not		•		•					1
		-	han one or more publicly		_				9(a)(1) or se	ection 509	(a)(2).	
f			ten determination from	tne IRS tha	atitisa ly	pe I, Type	II, or Type) III				
		rganization, check th				.	- £ AL £-11.		0			
g	_		organization accepted ar			-		• •				
	••	•	irectly controls, either al	ione or tog	etner with	persons o	escribed	in (ii) and i	(III) below,	44-63	Yes	No
	_		upported organization?)						11g(i)		
	• •	,	n described in (i) above?		-0				11g(ii)			
L	` '	•	person described in (i) i							11g(iii)		
h	Provide the i	ollowing information	about the supported or	ganization	(S)							
		/ FIN	(iii) Type of	(iv) le the c	organization	(w) Did you	notify the	(vi) !	s the			
	of supported	(ii) EIN	organization		sted in your			Lorganizati	on in col. I	(vii) An		i
Ulya	anization		(described on lines 1-9 above or IRC section		document?			(i) organi U.S	2eu III 111e 5.7	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			, , ,									
				†								
				1								
									 	-		
Total						<u> </u>		<u></u>				
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedu	le A (Form	990 or 99	10-EZ)	2011

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2011 FOUNDATION, INC. 56-1966429 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received (Do not						
	ınclude any "unusual grants ")	2110480.	1898460.	1751541.	1810977.	1981384.	9552842.
2	Tax revenues levied for the organ-			·			
	ization'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	32,741.	33,856.	35,066.	35,746.	38,142.	175,551.
4	Total. Add lines 1 through 3	2143221.	1932316.	1786607.	1846723.		9728393.
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)						465,272.
6	Public support. Subtract line 5 from line 4						9263121.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2143221.	1932316.	1786607.	1846723.	2019526.	9728393.
8	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	286,740.	196.702.	102,761.	180.838.	186.906.	953,947.
9	Net income from unrelated business			,			300/32/0
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			-	_		
	or loss from the sale of capital						
	assets (Explain in Part IV)	231.	66.	594.	383.	261.	1,535.
11	Total support. Add lines 7 through 10				3031		10683875.
12	Gross receipts from related activities,	etc. (see instruction	ons)	<u>,</u>		12	282,970.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ıx vear as a sectio		202/2/01
	organization, check this box and stop	-		_,,	or your ao a occino		ightharpoons
Sec	tion C. Computation of Publ	ic Support Per	rcentage		<u> </u>		
14	Public support percentage for 2011 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	86.70 %
	Public support percentage from 2010		•	\ <i>''</i>		15	87.09 %
	33 1/3% support test - 2011. If the o			n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies					,	▶X
b	33 1/3% support test - 2010. If the c		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•			13. 16a. or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	~	•		•	7a. and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization						, \
						dule A (Form 990	

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.)

Section A. Public Support	low, please comp	piete Fart II)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
1 Gifts, grants, contributions, and		1-7		197===::-	107=-	
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					 	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	-					
7a Amounts included on lines 1, 2, and		-	-			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			 -	-		
from other than disqualified persons that	ļ					
exceed the greater of \$5,000 or 1% of the	ļ					
amount on line 13 for the year						-
c Add lines 7a and 7b					ļ	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support			1			-
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11 (f) Total
9 Amounts from line 6					<u> </u>	
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources	ļ					
b Unrelated business taxable income				`	<u> </u>	
(less section 511 taxes) from businesses	ļ					
acquired after June 30, 1975	ļ					
· · · · · · · · · · · · · · · · · · ·					1	
c Add lines 10a and 10b 11 Net income from unrelated business					1	
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)			1			
TO TOTAL Support (Add lines 9, 10c, 11, and 12)				ŀ		
	he organization's	first, second, this	l rd, fourth, or fifth ta	ax vear as a section	n 501(c)(3)	organization.
14 First five years. If the Form 990 is for t	he organization's	s first, second, thii	l rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	organization,
14 First five years. If the Form 990 is for t check this box and stop here			l rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	organization,
14 First five years. If the Form 990 is for t check this box and stop here Section C. Computation of Public	Support Pe	rcentage		ax year as a section		▶□
 14 First five years. If the Form 990 is for to check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (line) 	c Support Pe	rcentage ivided by line 13, (ax year as a section	15	▶ □
 14 First five years. If the Form 990 is for to check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (lim 16 Public support percentage from 2010 stopport 	Support Pene 8, column (f) di Schedule A, Part	rcentage Ivided by line 13, o	column (f))	ax year as a section		9/
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (Information D. Computation of Investigation D. Computation of Investigation D. 	c Support Pene 8, column (f) di Schedule A, Part Schedule Incom	rcentage ivided by line 13, o III, line 15 e Percentage	column (f))	ax year as a section	15 16	▶ □ %
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (ling 16 Public support percentage from 2010 Section D. Computation of Invest 17 Investment income percentage for 201 	c Support Pene 8, column (f) di Schedule A, Part tment Income	rcentage ivided by line 13, of the line 15 e Percentage inn (f) divided by line	column (f))	ax year as a section	15 16	99 99
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (ling) 16 Public support percentage from 2010 Section D. Computation of Invest 17 Investment income percentage from 201 18 Investment income percentage from 201 	c Support Perior 8, column (f) di Schedule A, Part trment Incom- 1 (line 10c, colum 010 Schedule A,	rcentage Ivided by line 13, of the line 15 Percentage Inn (f) divided by line 17	column (f)) ne 13, column (f))		15 16 17 18	9/4 9/4 9/4
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (ling 16 Public support percentage from 2010 Section D. Computation of Invest 17 Investment income percentage for 201 	c Support Perior 8, column (f) di Schedule A, Part trment Incom- 1 (line 10c, colum 010 Schedule A,	rcentage Ivided by line 13, of the line 15 Percentage Inn (f) divided by line 17	column (f)) ne 13, column (f))		15 16 17 18	9% 9% 9%
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (ling) 16 Public support percentage from 2010 Section D. Computation of Invest 17 Investment income percentage from 201 18 Investment income percentage from 201 	c Support Perior 8, column (f) di Schedule A, Part timent Income 1 (line 10c, column 010 Schedule A, organization did n	rcentage IVID IN	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, ar	9/4 9/4 9/4 9/4
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (Im 16 Public support percentage from 2010 Section D. Computation of Invest 17 Investment income percentage from 2018 Investment income percentage from 2019 a 33 1/3% support tests - 2011. If the original investment income percentage from 2019 a 33 1/3% support tests - 2011. 	c Support Pene 8, column (f) di Schedule A, Part timent Income 1 (line 10c, column 10 Schedule A, organization did not stop here. The	rcentage ivided by line 13, of the line 15 e Percentage inn (f) divided by line 17 int check the box organization qual	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than supported organiz	15 16 17 18 33 1/3%, ar	% % nd line 17 is not
 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Public 15 Public support percentage for 2011 (Inn. 16 Public support percentage from 2010 Section D. Computation of Invest. 17 Investment income percentage for 201 18 Investment income percentage from 2019 and 33 1/3% support tests - 2011. If the of more than 33 1/3%, check this box and 	c Support Peres 8, column (f) dischedule A, Part trment Income 1 (line 10c, column 10 Schedule A, preganization did not stop here. The preganization did not stop here in the preganization did not stop here.	rcentage ivided by line 13, of the line 15 e Percentage inn (f) divided by line 17 interest the box is organization qualitation check a box or	column (f)) ne 13, column (f)) on line 14, and line lifies as a publicly s	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, ar action ore than 33	% % % nd line 17 is not 1/3%, and

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

THE SCHOOL OF GOVERNMENT

Employer identification number 5.6 – 1.9.6.6.4.2.9

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or recognition domploto in the
	organization anovorca in to to rotti coo, rantity, into	(a) Donor advised funds	(b) Funds and other accounts
_ ₁ -	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		- <u> </u>
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose c	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	' '	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structur	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is leasted	
5	Does the organization have a written policy regarding the per		
J	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense s	
	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	her 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 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic 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		> \$
2	If the organization received or held works of art, historical trea	· · · · · · · · · · · · · · · · · · ·	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	•	> \$

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

3,472

1a Land b Buildings

d Equipmente Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

3,472.

THE SCHOOL Schedule D (Form 990) 2011 FOUNDATION,	OF GOVERNMENT	ı	5.6	-1966429 Page 3
Part VII Investments - Other Securities. Se	e Form 990. Part X. line 12	<u> </u>	50.	-1300423 Page
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua	
(1) Financial derivatives			· · · ·	
(2) Closely-held equity interests				
(3) Other			·	
(A) SECURITIES AND OTHER				
(B) INVESTMENTS	14,045,087.	END-OF-Y	EAR MARKET	VALUE
(C)				
(D)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	14,045,087.			
Part VIII Investments - Program Related. S		3	(c) Method of valuate	tion.
(a) Description of investment type	(b) Book value	Cos	st or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				······································
				— P
(10)		<u> </u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
				····
(2)				
(3)				
(5)				
(6)		 ;		
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,	9 15.)		<u> </u>	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		· · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lines	25.)			· · · · · · · · · · · · · · · · · · ·
2. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to	o une organization's financial stateme	ents that reports the organiz	·	
01-23-12	•		Sche	edule D (Form 990) 2011

132054 01-23-12 ACCORDINGLY, A LOSS

USING PROVISIONS OF FASB ASC 450, CONTINGENCIES.

Part XIV Supplemental Information (continued)
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 AS EXPENSES IN THE STATEMENT OF ACTIVITIES.
UNDER THE STATUTE OF LIMITATIONS, THE FEDERAL INFORMATIONAL RETURNS OF THE
FOUNDATION FOR 2009, 2010, AND 2011, ARE SUBJECT TO EXAMINATION BY THE
INTERNAL REVENUE SERVICE. MANAGEMENT EVALUATED TAX POSITIONS FOR THE
2009, 2010, AND 2011 RETURNS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX
POSITIONS AND BELIEVES THERE IS NO INCOME TAX AFFECT ON THE FINANCIAL
STATEMENTS.

OMB No 1545-0047	Open to Public Inspection	Employer identification number 56-1966429			X Yes No	Part IV, line 21, for any	□ ▲ □ □ □ ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □	f (h) Purpose of grant		SUPPORT FOR THE SCHOOL OF	GOVERNMENT			A A	Schedule I (Form 990) (2011)
				sistance, and the sel											
y o	! IV, line 21 or 22.			grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		nization answered "Y	can be duplicated if a	(f) Method of valuation (book, EMV, appraisal, other)							
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Form 990, Part n 990.			grantees' eligibility	č	States omplete if the orga	an \$5,000. Part II o	(e) Amount of non-cash assistance			0				
Other Assistances, and Individuals	n answered "Yes" to Fo ► Attach to Form 990.			or assistance, the		grant funds in the United States in the United States.	it received more th	(d) Amount of cash grant			727,259.			e line 1 table	C
Grants and Government	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	GOVERNMENT		amount of the grants	-	Oring the use of grant definitions in the	box if no one recipier	(c) IRC section if applicable			501(C)(3)			ganizations listed in the	ons for Form 990.
	Сомр	OF,	nd Assistance	to substantiate the	stance?	Governments and	55,000 Check this	(b) EIN			56-6001393			nd government org	see the Instructi
		on THE SCHOOL FOUNDATION	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the	criteria used to award the grants or assistance?	Describe in Part by the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	nat received more than	1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable assistance (d) Amount of cash grant or government (e) Amount of valuation (book, appraisal, assistance other) (f) Method of non-cash assistance (g) Description (book, non-cash assistance other)	TH CAROLINA		27599			Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Part I General In	1 Does the organiz		Part II Grants and	recipient th	1 (a) Name and ad or gov	UNIVERSITY OF NORTH CAROLINA	AT CHAPEL HILL	CHAPEL HILL, NC 2			2 Enter total numbe 3 Enter total numbe	LHA For Paperwork

THE SCHOOL OF G Schedule!(Form 990)(2011) FOUNDATION, INC.	OVERNM	E			56-	56-1966429 Pa	Page 2
Part III Grants and Other Assistance to Individuals in the United States. Part III can be duplicated if additional space is needed		plete if the organiz	ation answered "Yes"	Complete if the organization answered "Yes" to Form 990, Part IV, line 22			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	<u>E</u>	Description of non-cash assistance	
		ļ					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	required in Part I,	line 2, and any other	additional information	+		
SCHEDULE I, PART I, LINE 2: OFFICERS	RS AT THE	SCHOOL OF		GOVERNMENT FOUNDATION			
AND THE RELATED SCHOOL OF GOVERNMENT	INT ARE IN	N CHARGE OF	F APPROVING	3 AND		;	
MAINTAINING SUPPORTING DOCUMENTATION OF		GRANT REQUESTS		AND DISBURSEMENTS			
					_		
					-		
132102 01-27-12		27				Schedule I (Form 990) (2011)	2011)

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.

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

THE SCHOOL OF GOVERNMENT

FOUNDATION, INC.

Employer identification number 56-1966429

Pa	art I Questions Regarding Compensation			
			Yes	No
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	1 _b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	<u> </u>	_	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	İ	
	· · · · · · · · · · · · · · · · · · ·			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization.		-	
а	Receive a severance payment or change-of-control payment?	4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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.			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	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			7.5
a	The organization?	6a		<u>X</u>
D	Any related organization?	6b		<u>X</u>
7	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	_		v
8	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
J	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			v
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u>
_				

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

Schedule J (Form 990) 2011

THE SCHOOL OF GOVERNMENT

FOUNDATION, INC.

Schedule J (Form 990) 2011

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) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that are not listed on Form 990, Part VII

56-1966429

Page 2

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

					•	į	į		
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Petirement and	(D)	Total of colu	(F)	0.40
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	<u> </u>	ation deferred m 990
	9	0	0	0	0	0		0	0
1 MICHAEL R. SMITH	€	261,422.	0	0	52,425.	5,192.	319,	039.	0
	Ξ	4	0.	0	0	0		0.	0
2 THOMAS H. THORNBURG	3	185,653.		0	35,726.	5,192.	226,	571.	0
	(1)	i		0	0	0		0.	0
3 BRAD G. VOLK	(II)	140,750.		0.	25,829.	5,192.	171,	771.	0
	Ξ;								
4	3						-		
	Ξ								
5	(ii)								
	Θ								
9	(iii)								
	ε								
7	(ii)								
	(i)								
8	(ii)								
	Ξ				:				
6	(ii)	:							
	Θ								
10	(ii)								
	Ξ								
11	⊞								
	Ξ	:							
12	(1)	, i							
	Ξ								
13	(ii)								
	Ξ						-		
14	(1)								
	Ξ								
15	⊞								
	Ξ	-							
16	⊞								
				Č			<u> </u>	Schedule J (Form 990) 2011	0) 2011

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.

2011
Open to Public Inspection

Name of the organization

THE SCHOOL OF GOVERNMENT FOUNDATION, INC.

Employer identification number 56-1966429

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GOVERNMENT AT UNC BY PROVIDING FUNDING. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO ACTIVE COMMITTEE MEETINGS, THEREFORE ANY RECOMMENDATIONS BY A COMMITTEE ARE REFLECTED IN THE BOARD MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER OF THE BOARD REVIEWS THE 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: AS STATED IN THE ORGANIZATION'S BYLAWS, WHEN THERE IS A TRANSACTION THAT MAY BE A DIRECT OR INDIRECT CONFLICT FOR ANY OFFICER OR DIRECTOR, THAT PERSON IS EXPECTED TO DISCLOSE HIS/HER INTEREST. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -263,243.FORM 990, PART XII, LINE 2C: THE FOUNDATION'S AUDIT COMMITTEE HAS OVERSIGHT FOR THE AUDIT OF THE FINANCIAL STATEMENTS.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Comple	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	s and Unrelated Partner Yes" to Form 990, Part IV, line 33, 3	Irtnerships ne 33, 34, 35, 36, uctions.	or 37.		ow o	OMB No 1545-0047 2011 Open to Public Inspection
ation	THE SCHOOL OF (FOUNDATION, INC.	GOVERNMENT				Emplo 56	Employer identification number 56–1966429	tion number
Part I Identification of Disre	garded Entities (Complete	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	to Form 990, Part IV, line 3;	(1				
(a) Name, address, and EIN of disregarded entity	and EIN 3 entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total income	(e) (e) End-of-year assets	rassets	(f) Direct controlling entity	itrolling :y
Part II Identification of Related Tax-Exe	Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year.)		the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or	, Part IV, line 34 b	ecause it had one		more related tax-exempt	t
(a) Name, address, and EIN of related organization	and EIN nization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		guillo	Section 512(b)(13) controlled entity?
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF GOVERNMENT - 56-600139, UNIVERSIT OF NORTH CAROLINA, CHAPEL HILL, NC 27599	INA AT CHAPEL HILL -600139, UNIVERSITY HILL, NC 27599	HAPEL HILL UNIVERSITY HIGHER EDUCATION AND IC 27599 RESEARCH	NORTH CAROLINA	501(C)(3)	170(B)(1)(A)			1
								
						·		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	otice, see the Instructions	s for Form 990.				S	chedule R (Fo	Schedule R (Form 990) 2011
132161 01-23-12 LHA			31					

56-1966429	it had one or more related
THE SCHOOL OF GOVERNMENT Schedule R (Form 990) 2011 FOUNDATION, INC.	Part III 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.)

Page 2 Percentage ownership Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule R-1 (Form 1065) Yes No Schedule R (Form 990) 2011 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.) 3 Ξ (g) Share of end-of-year assets Share of total income Yes No Disproportion ate allocations Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e **6** Direct controlling entity Share of total income 9 Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> 32 Primary activity Direct controlling entity ூ (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization æ 132162 01-23-12 Part IV

56-1966429 Page 3		1a	+ 1 + + + + + + + + + + + + + + + + + +	i	o o o o o	- - - -	(d) Method of determining amount involved	S MADE TO SCHOOL	SUPPORT DONATED SALARY FEES PAID TO UNIVERSITY			Schedule R (Form 990) 2011
	35a, or 36)	in Parts II-IV?				relationships and transacti	Meth	ᄀ	STAFF SUPPORT ACTUAL FEES P			
	n 990, Part IV, line 34, 35, (elated organizations listed				his line, including covered	(c) Amount involved	,259.	158,678. 95,454.			
	swered "Yes" to Forn	ns with one or more r		ganization(s) ganization(s) :ation(s)		who must complete t	(b) Transaction type (a-r)	Ф	z i			33
THE SCHOOL OF GOVERNMENT Schedule R (Form 990) 2011 FOUNDATION, INC.	Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)	 f Sale of assets to related organization(s) g Purchase of assets from related organization(s) h Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) 	 j Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) l Performance of services or membership or fundraising solicitations by related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) 	 o Reimbursement paid to related organization(s) for expenses p Reimbursement paid by related organization(s) for expenses q Other transfer of cash or property to related 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	(a) Name of other organization	(1) SCHOOL OF GOVERNMENT AT UNC-CHAPEL HILL UNIVERSITY OF NORTH CAROLINA AT CHAPEL	(2) HILL UNIVERSITY OF NORTH CAROLINA AT CHAPEL (3) HILL	(4)	(6)	132183 01-23-12

<u>_1</u>	THE SCHOOL OF GOVERNMENT FOUNDATION, INC.	RNMENT						56-1966429	6429	Page 4
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the	ble as a Partnership (Cor	nplete if the organ	e organization answered "Yes" to Form 990, Part IV, line 37)	" to Form	990, Part IV, line 3	7)				
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.	entity taxed as a partnersh structions regarding exclus	ip through which t sion for certain inve	the organization conduestment partnerships	ucted mor	e than five percent	of its activities (me	asured	by total assets or	gross r	evenue)
(a)	(g)		(g)	(e)	£)	(6)	Ξ	(9	(<u>k</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income partners sec (related, unrelated, 501(c)(3) excluded from tax	501(c)(3) orgs ?	Share of total	Share of end-of-year	C 60 = 1	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	General or Percentage managing partner? ownership
	*		uildei section 312-314)	Ves No			Xes Xes	(con	Yes No	
							_			
				-			=-			
									+	
							-			
									+	
									-	
				_						
							_			
	•									
							1			
					-					
				+					1	
:										
							╅		4	
								Schedule	R (Forn	Schedule R (Form 990) 2011

THE SCHOOL OF GOVERNMENT

Schedule R	(Form 990) 2011	FOUNDATION, INC.	56-1966429 Page 5
Part VII	Supplemental In	FOUNDATION, INC.	
	Complete this part to	provide additional information for responses to questions on	Schedule R (see instructions)
-			
			
			
	,		
	-		
-			
		· · · · · · · · · · · · · · · · · · ·	
			- · · · · · · · · · · · · · · · · · · ·
			
			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
	• •	 	
		· · · · · · · · · · · · · · · · · · ·	
			

Form **8868**

(Rev January 2012)

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.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

OMB No 1545-1709

ightharpoons X

Form 8868 (Rev. 1-2012)

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile.and.click.on.e-file.for.Charities & Nonorofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print THE SCHOOL OF GOVERNMENT FOUNDATION, INC. 56-1966429 File by the Number, street, and room or suite no. If a P O box, see instructions Social security number (SSN) due date for filing your CB #3330 KNAPP-SANDERS BUILDING return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions CHAPEL HILL, NC 27599-3330 0 1 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 80 Form 990-EZ 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) Form 8870 12 BRAD VOLK • The books are in the care of ► CB #3330 KNAPP-SANDERS BUILDING - CHAPEL HILL, NC 27599 Telephone No ▶ 919-843-2553 FAX No \triangleright 919-962-8800 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ ___ calendar year ____ or ► X tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 If the tax year entered in line 1 is for less than 12 months, check reason: ___ Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA

123841 01-04-12