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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs gov/form990.

<u>A F</u>	or the	e 2013 calendar year, or tax year beginning JUL 1, 2013 and el	nding J	UN 30, 2014						
В	heck if pplicabl	C Name of organization		D Employer identifica	ation number					
_ a		SCHOOL OF DOORNALISM AND MASS								
	Addre chang	COMMUNICATION FOUNDATION OF NORTH								
]Name chang	Doing Business As		56-60	34739					
]initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number						
	Termin	CAMPUS BOX 3303, CARROLL HALL		(919)	962-1204					
	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	<u>1,887,527.</u>					
L	Application	CHAPEL TILL, NC 2/333-3303		H(a) Is this a group reti	urn					
	репфі	F Name and address of principal officer ORAGE QUARLES III		for subordinates?	Yes X No					
	SAME AS C ABOVE H(b) Are all subordinates included? Yes No									
17	I Tax-exempt status X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)									
		te: WWW.JOMC.UNC.EDU		H(c) Group exemption	number 🕨					
		organization: X Corporation Trust Association Other	L Year o	of formation: 1949 M	State of legal domicile: NC					
Pa	rt I	Summary								
ø	1	Briefly describe the organization's mission or most significant activities TO SU	PPORT	FUNDRAISING	AT THE					
SREVENUEVEL FACTIVITIES & GOVERNANCE		SCHOOL OF JOURNALISM AND MASS COMMUNICATI	ON AT	UNC CHAPEL	HILL.					
100 100 100 100 100 100 100 100 100 10	2	Check this box If the organization discontinued its operations or dispose	d of more	than 25% of its net ass	ets					
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	23					
(QI	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	22					
SS(S	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5						
Sit Si	6	Total number of volunteers (estimate if necessary)		6	22					
ΓŞ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12 15 C. English		7a	0.					
ΓŒ	ь	Net unrelated business taxable income from Form 990-T, line 34	Q	7b	0.					
				Prior Year	Current Year					
Ž	8	Contributions and grants (Part VIII, line 1h)	. 197	1,069,530.	712,430.					
25	9	Program service revenue (Part VIII, line 2g)		0.	0.					
See See	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,546,007.	1,175,097.					
J.	11	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 VIII, column (A), line 12)	\checkmark	2,615,537.	1,887,527.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,323,065.	1,567,832.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
þer	l	Total fundraising expenses (Part IX, column (D), line 25) ► 215, 33	0.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	206,493.	296,106.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,529,558.	1,863,938.					
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>	1,085,979.	23,589.					
es		Trevende less expenses oublider line to non line 12	Red	ginning of Current Year	End of Year					
ets (20	Total assets (Part X, line 16)		20,539,477.	22,052,106.					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 16)	_	20,555,477.	0.					
Eét E	22	Net assets or fund balances Subtract line 21 from line 20		20,539,477.	22,052,106.					
	rt II	Signature Block		<u> </u>	_22,032,100.					
	_	ilties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ents and to the hest of my	knowledge and helief it is					
		ct, and complete. Deglaration of preparer (other than officer) is based on all information of which			Mitowicage and belief, it is					
uue	COITE	st, and complete. Deparation of wheel than officery is based on an information of white	on preparer	nas any knowledge.						
۵.		Signature of officer		Date	<u> </u>					
Sig				5410						
Her	e	SUSAN KING, SECRETARY Type or print name and title								
	_		1	Date Check	PTIN					
D - 1		Print/Type preparer's name		712 4- 11 -	- '					
Paid		APRIL WALKER	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P00829419					
	arer	Firm's name BLACKMAN & SLOOP, CPAS, P.A.		Firm's EIN	56- <u>1304727</u>					
Use Only Firm's address 1414 RALEIGH RD, SUITE 300										
		CHAPEL HILL, NC 27517		Phone no. (91	9)942-8700					
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2013)					

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Form 990 (2013) Part IV | Checklist of Required Schedules

COMMUNICATION FOUNDATION OF NORTH

SCHOOL OF JOURNALISM AND MASS

	•		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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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	_		7.5
	similar amounts as defined in 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 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	_		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	<u>X</u>
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
•	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	İ		
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		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_X_	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			4,5
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u>X</u>
ī	the organization's separate of consolidated infancial 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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111	Λ	
120	Schedule D, Parts XI and XII	12a	x	
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 and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	<u> </u>
			990	(2013)

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Form 990 (2013) Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_ X	
22	Did the organization report more than \$5,000 of grants or 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		i	
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		X
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	ĺ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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		İ	
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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		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, Part II, III, or IV, and			
	Part V, line 1	_34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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		
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		_X_
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2013)

COMMUNICATION FOUNDATION OF NORTH

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable 1a 3			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	i	l
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ĺ
	filed for the calendar year ending with or within the year covered by this return 2a 0			1
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)	1		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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		·	v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country.			1
E o	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?			х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Ou	any contributions that were not tax deductible as charitable contributions?	6a		_x_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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.			
a	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?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
a	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 10b			
11	Section 501(c)(12) organizations. Enter			
	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
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.			
а	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			
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			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	100:5
		Form	199()	(2013)

Form 990 (2013)

COMMUNICATION FOUNDATION OF NORTH

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 or note to any line in this Part VI					LX				
<u>Sec</u>	tion 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	1a	23							
	If there are material differences in voting rights among members of the governing body, or if the governing			1						
	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	22							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh									
	officer, director, trustee, or key employee?	p ****	urly outer	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the	ha dira	et euponyeion			<u> </u>				
3	of officers, directors, or trustees, or key employees to a management company or other person?	ile ulle	or supervision	_		.				
		000	EI-40	<u>3</u>		X				
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by tl	ne following:							
а	The governing body?			8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	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 F	Revenu	e Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	s. affiliates.							
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	o to oo	officeto?		X					
				12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " In Schedule O how this was done	res, a	escribe		₹,					
40				12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	•	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7								
	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		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 arrange	ement v	vith a							
	taxable entity during the year?			16a		_ X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıc	n's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply	•								
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or		•	d finar	ncial					
	statements available to the public during the tax year	J	otorout policy, air	u						
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organization	tion 🏲						
20	KATHI WIMMER - 919-962-1204	2110 1 8 (ords of the organiza	dolt.						
	CARROLL HALL, UNC, CHAPEL HILL, NC 27599		-		000					

Form 990 (2013)

COMMUNICATION FOUNDATION OF NORTH

56-6034739

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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 or note to any line 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 Posi				(D)	(E)	(F)
Name and Title	Average		not c	heck	more	ore than one		Reportable	Reportable	Estimated
	hours per week					s both		compensation	compensation	amount of
	(list any	ᅙ						from the	from related organizations	other compensation
	hours for	director				, g			(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(** =* * * * * * * * * * * * * * * * * *	organization
	organizations	I trustee	Institutional trustee		Key employee	Highest compensated employee				and related
	below	Individual	ututo	Officer	ешь	hest c	ë			organizations
	line)	2	ısı	₩ 0	Key	ᄪ	Ē			- 44
(1) ORAGE QUARLES III	1.00							_	_	_
PRESIDENT		X		X		_		0.	0.	0.
(2) D. JORDAN WHICHARD III	1.00									
VICE PRESIDENT		X	_	X		\Box		0.	0.	0.
(3) WALTER D. PHILLIPS	1.00									
TREASURER		X	L_	X				0.	0.	0.
(4) SUSAN KING	18.00									
SECRETARY	22.00	X	<u></u>	X				0.	248,157.	22,437.
(5) STEVEN HAMMEL	1.00									
BOARDMEMBER		X	L_					0.	0.	0.
(6) HANK PRICE	1.00									
BOARDMEMBER		X	<u> </u>					0.	0.	0.
(7) R. FRANK ANDREWS, IV	1.00							į		
BOARDMEMBER		X						0.	0.	0.
(8) WALTER HUSSMAN, JR.	1.00						1			
BOARDMEMBER		X						0.	0.	0.
(9) TERESA ARTIS	1.00									
BOARDMEMBER		X	<u> </u>					0.	0.	0.
(10) CHARLES BROADWELL	1.00									
BOARDMEMBER		X	L	_		<u> </u>		0.	0.	0.
(11) JOHN ROBINSON	1.00									•
BOARDMEMBER		X	L		_	<u>L</u>		0.	0.	0.
(12) ZACHARY CLAYTON	1.00				Ì		Ì			
BOARDMEMBER		X	L_					0.	0.	0.
(13) SUSAN CRANFORD ROSS	1.00									
BOARDMEMBER		X						0.	0.	0.
(14) ELIZABETH PARK FOWLER	1.00]								
BOARDMEMBER		X						0.	0.	0.
(15) WILLIAM KEYES	1.00									
BOARDMEMBER		X	L	L				0.	0.	0.
(16) SHAILENDRA GHORPADE	1.00				_		_			
BOARDMEMBER		x	L			L		0.	0.	0.
(17) REGINA HOWARD-GLASPIE	1.00									
BOARDMEMBER		X	<u> </u>		L	<u> </u>		0.	0.	0.
332007 10-29-13								-		Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st (Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do			C) ition more rson	than	one th an	(D) Reportable compensation	(E) Reportable compensation	an	(F) stimate nount o	-
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	the organization (W-2/1099-MISC)	from related organizations (W·2/1099-MISC)	ons compens		ed
(18) COWLES LIIPFERT BOARDMEMBER	1.00	x						0.	0			
(19) R. LEE BURROWS, JR.	1.00	x						0.	0			^
BOARDMEMBER (20) J. WALKER SMITH	1.00	^			-	+-		0.		•		0.
BOARDMEMBER		X	<u> </u>			<u> </u>	_	0.	0			0.
(21) CAROLINE WELCH	1.00	X						0.	0			0
BOARDMEMBER (22) RACHEL DAVIS MERSEY	1.00	^			-	-	\vdash	<u> </u>		+		0.
BOARDMEMBER		X			_			0.	0			0.
		_								 		
		_	-				-					
40.01.444					<u></u>	<u></u>	Ļ	0.	248,157	\	2,4	27
1b Sub-total c Total from continuation sheets to Part V	II. Section A							0.	248,157		4,4	<u>37.</u> 0.
d Total (add lines 1b and 1c)								0.	248,157		2,4	
2 Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) w	ho	received more than \$100	0,000 of reportable			_
compensation from the organization							_				Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	3		х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab								the organization	4	х	
5 Did any person listed on line 1a receive or			-						idual for services			
rendered to the organization? If "Yes," com	nplete Schedul	e J	for s	uch	per	son				5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100.000 of comper	sation f	rom	
the organization. Report compensation for		-							· · · · · · · · · · · · · · · · · · ·			
(A) Name and business	address	N	ONI	E				(B) Description of s	services	(C Compe		n
							-					
	·											
											_	
								<u> </u>			_	
2 Total number of independent contractors (not l	mite	d to		_	ste	d above) who received r	nore than			
\$100,000 of compensation from the organ	ization -					0				Form	990 (2	2013)

Form 990 (2013)

COMMUNICATION FOUNDATION OF NORTH

		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a b c c c c c c c c c c c c c c c c c c	а	Federated campaigns	1a					
3 k	b	Membership dues	1b					
	С	Fundraising events	1c					
	d	Related organizations	1d					
(е	Government grants (contribut	ions) 1e					
2 f	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abo	ve 1f	7 <u>12</u> ,430,				
	g	Noncash contributions included in lines	1a-1f \$	8,024,				
5 F	h_	Total, Add lines 1a-1f			712,430,	_		
			•	Business Code				
2 8	а							
, t	_			I				
2 (С							
2 8	е							
1	f	All other program service reve	nue					
	<u>g</u> _	Total. Add lines 2a-2f						
3		Investment income (including	dividends, ii	nterest, and			-	
		other similar amounts)		•	173,491,			173,491.
4		Income from investment of ta	x-exempt bo	nd proceeds	<u>-</u>			
5		Royalties			<u></u>			
			(ı) Real	(II) Personal				
6 8	а	Gross rents						
1	b	Less rental expenses						
(С	Rental income or (loss)	L					
(d	Net rental income or (loss)						
7 8	а	Gross amount from sales of	(ı) Securit	ies (ii) Other				
		assets other than inventory	1,001,6	506.				
t	b	Less cost or other basis	ļ					
		and sales expenses		0.				ļ
•	С	Gain or (loss)	1,001,6	506.				
1		Net gain or (loss)			1,001,606,			1,001,606,
8 8		Gross income from fundraisin		ot				
		including \$						
		contributions reported on line	1c) See]		
		Part IV, line 18		a				
1		Less direct expenses		b[ļ		
		Net income or (loss) from fund	-					
9 8		Gross income from gaming ad	ctivities See					}
		Part IV, line 19		a				
- 1		Less direct expenses		b	{			
		Net income or (loss) from gan	~	s				
10 :		Gross sales of inventory, less	returns]]
		and allowances		a				
		Less cost of goods sold		b	{			
 '	<u>c</u>	Net income or (loss) from sale						
-	_	Miscellaneous Revenu		Business Code				
11 :				I	 			
'	b			_		-		
'	C	A 11 - A 1		_			· · · · · · · · · · · · · · · · · · ·	-
1 '	-	All other revenue	•		-	 	<u></u> -	
	е	Total. Add lines 11a-11d		P		 		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
12		Total revenue See instructions.			1 887 527.	0.	0	1,175,097

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,567,832.	1,567,832.	_	
2	Grants and other assistance to individuals in	j			
	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			i	
	section 401(k) and 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	64,792.		64,792.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	15,984.		15,984.	
12	Advertising and promotion				
13	Office expenses	8,484.			8,484.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	32,336.			32,336.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	37,922.			37,922.
19	Conferences, conventions, and meetings				
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	DEVELOPMENT ASSESSMENT	119,647.			119,647.
	MISCELLANEOUS	16,658.			16,658.
c	DUES	283.			283.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,863,938.	1,567,832.	80,776.	215,330.
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)				

Part X		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		1	
			(A) Beginning of year	_	(B) End of year
1		Cash · non-interest-bearing		1	
2	2	Savings and temporary cash investments	3,993,125.	2	<u>3,725,785</u>
3	3	Pledges and grants receivable, net	61,494.	_3_	80,511
4	ŀ	Accounts receivable, net	12,323.	4	12,324
5	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		·	
		Part II of Schedule L		_5	
6	3	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		_6_	
7	7	Notes and loans receivable, net		7	
⁽ 8	3	Inventories for sale or use		8	
9	•	Prepaid expenses and deferred charges		9	
10)a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	7	10c	
11	1	Investments · publicly traded securities		_11	
12	2	Investments - other securities See Part IV, line 11	16,464,935.	12	18,222,386
13		Investments program-related See Part IV, line 11		13	
14		Intangible assets		14	
15	5	Other assets See Part IV, line 11	7,600.	15	11,100
16		Total assets. Add lines 1 through 15 (must equal line 34)	20,539,477.	16	22,052,106
17		Accounts payable and accrued expenses		17	
18	3	Grants payable		18	
19		Deferred revenue		19	
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
		Loans and other payables to current and former officers, directors, trustees,			
	_	key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
ة ₂₃	3	Secured mortgages and notes payable to unrelated third parties		23	
24		Unsecured notes and loans payable to unrelated third parties		24	
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	
26	6	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ی ا		complete lines 27 through 29, and lines 33 and 34.		, ,	
ğ ₂₇	7	Unrestricted net assets	<u>4</u> ,653,53 <u>4</u> .	27	4,940,517
28		Temporarily restricted net assets	6,283,730.	28	7,384,799
29		Permanently restricted net assets	9,602,213.	29	9,726,790
5	-	Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
2 30	0	Capital stock or trust principal, or current funds		30	
31	-	Paid-in or capital surplus, or land, building, or equipment fund		31	
22 29 30 31 32 32 33 32 33 32 33 33 33 33 33 33 33		Retained earnings, endowment, accumulated income, or other funds		32	
33		Total net assets or fund balances	20,539,477.	33	22,052,106
- 1		•	20,539,477.		22,052,106
34	4	Total liabilities and net assets/fund balances	<u> </u>	<u>539,41,1.</u>	539,41/. 34

orm	1990 (2013) COMMUNICATION FOUNDATION OF NORTH	<u> 56-60</u>	<u> </u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets	_	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,86	3,9	38.
3	Revenue less expenses Subtract line 2 from line 1	3	2	<u>3,5</u>	<u>89.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,53	9,4	<u>77.</u>
5	Net unrealized gains (losses) on investments	5	1,47	<u>8,2</u>	67.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	0,7	<u>73.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	22,05	2,1	<u>06.</u>
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>LX</u>
				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	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			ĺ
	consolidated basis, or both				ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	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	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		i	
	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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

lame o	of the organizat	on SCHOOL	OF JOURNALIS	M AND	MASS			E	mployer	identificati	on number	
		COMMUNI	CATION FOUND	ATION	OF N	ORTH			5	<u>6-6034</u>	739	
Part	l Reason	for Public Char	rity Status (All organiz	ations mus	st complet	e this part) See inst	ructions				
he org	anization is not	a private foundation	because it is (For lines 1	1 through 1	11, check	only one b	ox)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)					
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗆	A hospital oi	a cooperative hosp	ital service organization o	described	n section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(i	iii). Enter t	the hospital	's name,	
	city, and sta	te										
5	An organizat	ion operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental un	ıt descnb	ed in		
	section 170)(b)(1)(A)(iv). (Compl	ete Part II)									
6	A federal, st	ate, or local governm	ent or governmental uni	t described	ın sectio	n 170(b)(1	I)(A)(v).					
7 X	_,		ceives a substantial part					r from the	e general	public desc	ribed in	
		(b)(1)(A)(vi). (Comple				•			-			
8 	A communit	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	_		ceives (1) more than 33			rom contri	butions, m	nembersh	ıp fees, a	nd gross red	ceipts from	
			nctions - subject to certa									
			axable income (less sect									
	See section	509(a)(2). (Complete	e Part III)									
10 🗆	_		perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	l).				
11 🗆	An organizat	tion organized and o	perated exclusively for th	ne benefit d	of, to perfo	orm the fur	nctions of,	or to car	ry out the	purposes o	of one or	
	more public	y supported organiz	ations described in secti	on 509(a)(1	i) or section	on 509(a)(2) See sec	tion 509	(a)(3). Ch	eck the box	that	
	describes th	e type of supporting	organization and compl	ete lines 1	1e through	11h						
	а 🔲 Туре	ı b 🗀 т	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	і 🗀 Туі	oe III - Noi	n-functional	ly integrated	
e 🗆	By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one o	more dis	squalified	persons oth	ner than	
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)											
f												
	supporting organization, check this box											
g	Since August 17, 2006, has the avaparation accepted any office another transfer any of the following accepted											
	(i) A perso	on who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and	(III) below	·	Yes No	
	the gov	erning body of the s	upported organization?							11g(i)		
	(ii) A family	y member of a perso	n described in (i) above?	1						11g(ıi)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?										11g(ui)	<u> </u>	
h Provide the following information about the supported organization(s)												
(i) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col.						(vii) Amount of monetary		
organization (II) EIN			(described on lines 1-9	in col. (i) listed in your organization in col. organization			l(i) organi	anized in the U.S.?				
			above or IRC section (see instructions))	governing document? (i) of your support? (''			U.S	S.?				
			(300 111311 40110113))	Yes	No	Yes	No	Yes	No			
					i	:		1	1			
			 									
				 								
		Ì		Ì	<u> </u>	1)	Ì	1 1	1		
	 _	-		ļ	 	 -		-	+			
							-					
									-			
<u> </u>	_	 			ļ	<u> </u>		-	-			
rasal												
<u> [otal</u>			<u> </u>		<u> </u>		<u> </u>					

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 COMMUNICATION FOUNDATION OF NORTH 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)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011(d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 590,386. 4048285. 825,272. 1069530. 712,430. 7245903. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to 218,741. 342,051. 359,527. 184,995 385,446. 1490760. the organization without charge 4233280. 1429057. 809,127. 1167323. 1097876. 8736663. 4 Total. Add lines 1 through 3 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) 3530728. 5205935. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2011 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (d) 2012 (e) 2013 (f) Total 1429057. 4233280. 809,127. 1167323. 1097876. 8736663. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 115,846. 222,803. 205,537. 203,597. 173,491. 921,274. and income from similar sources Net income from unrelated business 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) 9657937. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 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 Section C. Computation of Public Support Percentage 53.90 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 53.61 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 COMMUNICATION FOUNDATION OF NORTH Part III | Support Schedule for Organizations Described in Section 509(a)(2)

56-6034739 Page 3

(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 bel Section A. Public Support	ow, please com	plete Part II.)	_			
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		(0) 2010	(6) 2011	(4) 2012	(6) 2015	(i) iotai
membership fees received (Do not						
include any "unusual grants ")				Ì		
		 		 	 -	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the)		Ì	Ì	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513						1
	-			 	 -	
4 Tax revenues levied for the organ-		1				
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		1				
6 Total. Add lines 1 through 5					<u> </u>	
7a Amounts included on lines 1, 2, and		 		 	 	
3 received from disqualified persons		 		 	 	
b Amounts included on tines 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						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support				<u> </u>	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(4)	(-/	(9)	(4,7==.=		(1) (3.11)
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					 	
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses			Ϊ	}	Ì	1
acquired after June 30, 1975			_			}
c Add lines 10a and 10b						
11 Net income from unrelated business						 -
activities not included in line 10b,			}	1	i	1
whether or not the business is				1		
regularly carned on		 -	<u> </u>	 -	 	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)					<u> </u>	
13 Total support (Add lines 9, 10c, 11, and 12)						L
14 First five years. If the Form 990 is for t	he organization	's first, second, thir	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here	Ū			•	(, , , ,	
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2013 (lir			column (fl)		15	
•••	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	column (i))	•		
Public support percentage from 2012 S					16	
Section D. Computation of Invest						
17 Investment income percentage for 201	-	•	ne 13, column (f))		17	%
18 Investment income percentage from 26)12 Schedule A	, Part III, line 17			18	
19a 33 1/3% support tests - 2013. If the c	rganization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	d stop here. Th	e organization qual	lifies as a publicly	supported organiz	zation	▶□
b 33 1/3% support tests - 2012. If the c				-		and
line 18 is not more than 33 1/3%, chec						. —
20 Private foundation. If the organization		-				
			, U. 100, UNOUN		hedule A (Form 99	M or 990-E71 201
332023 09-25-13				30		/ Ur USU-LEJ ZU!

SCHOOL OF JOURNALISM AND MASS Schedule A (Form 990 or 990 EZ) 2013 COMMUNICATION FOUNDATION OF NORTH 56-6034739 Page 4 Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

SCHEDULE D

(Form 990)

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.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. SCHOOL OF JOURNALISM AND MASS

Employer identification number

Name of the organization COMMUNICATION FOUNDATION OF NORTH 56-6034739 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) 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 are the organization's property, subject to the organization's exclusive legal control? Yes 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? 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 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 d 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 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 Yes violations, and enforcement of the conservation easements it holds? 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 > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, 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.

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

Par		ollections of Ar				134 / 39 Page Z							
Ц—													
3	Using the organization's acquisition, accession	on, and other records	s, check any or the	following that are a	significant use of its	collection items							
	(check all that apply)	_	—										
a	Public exhibition	d		hange programs									
b	Scholarly research	е	Other										
c	Preservation for future generations												
4	Provide a description of the organization's co					n XIII.							
5	During the year, did the organization solicit or				ar assets	٦., ٢٦.,							
Dar	t IV Escrow and Custodial Arrange				L	Yes No							
<u>r ai</u>	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	n answered "Yes" t	o Form 990, Part IV,	line 9, or							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for contribution	s or other assets n	ot included								
	on Form 990, Part X?		,		Г	Yes No							
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table										
		·	J			Amount							
С	Beginning balance				1c								
d	Additions during the year				1d								
е	Distributions during the year				1e								
f	Ending balance				1f								
2a	Did the organization include an amount on Fo	orm 990, Part X, line :	21?			Yes No							
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Part XI	II								
Par													
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back							
1a	Beginning of year balance	13,183,307.	12,104,083,	11,988,812	10,367,710	9,658,136,							
b	Contributions	182,399.	269,462.	238,195	232 202	329,507.							
С	Net investment earnings, gains, and losses	1,924,825.	1 399 383.	285_277	1 466 256	578_364.							
d	d Grants or scholarships 708,736, 589,621, 408,201, 77,356, 198,297,												
е	e Other expenditures for facilities												
	and programs												
f	Administrative expenses				<u> </u>								
g	End of year balance	14,581,795.	13,183,307,	12,104,083	11,988,812	10,367,710.							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	ı)) held as									
а	Board designated or quasi-endowment		_%										
b	Permanent endowment ► 66.22	%											
С	Temporarily restricted endowment ▶3	<u>3.78 </u> %											
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%											
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered fo	r the organization								
	by [.]					Yes No							
	(i) unrelated organizations					3a(ı) X							
	(ii) related organizations					3a(ii) X							
b	If "Yes" to 3a(ii), are the related organizations					3b							
4	Describe in Part XIII the intended uses of the		wment funds										
Pai	t VI Land, Buildings, and Equipm												
	Complete if the organization answere												
	Description of property	(a) Cost or ot basis (investin	1 7 7	1 , ,	Accumulated lepreciation	(d) Book value							
1a	Land .												
b	Buildings												
С	Leasehold improvements												
d	Equipment												
<u>e</u>	Other		<u> </u>										
<u>Tota</u>	, Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c))	<u> </u>	<u> </u>							

Schedule [) (Form 990)	2013	

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) UNC INVESTMENT FUND, LLC	18,222,386.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> 18,222,386.</u>	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6) (7)(8) (9)

Complete if the organization answered Tes (or off) 330,1 art 17, line Tru See 1	Jim 550, rate A, line 15	
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•	

Other Liabilities. Part X

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

	(a) Description of liability	(b) Book value
(1) Federal in	come taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
) must equal Form 990, Part X, col. (B) line 25)	>

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

COMMUNICATION FOUNDATION OF NORTH 56-6034739 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 3,754,740. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 1,478,267. а Net unrealized gains on investments 2a 385,446. Donated services and use of facilities 2b b Recoveries of prior year grants 2c 3,500 Other (Describe in Part XIII) 2d d 1,867,213. Add lines 2a through 2d 2e e 1,887,527. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4h 0. Add lines 4a and 4b 4c 1.887 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 2,242,111. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 385,446 Donated services and use of facilities 22 Prior year adjustments 2h c Other losses <u>2</u>c -7.273Other (Describe in Part XIII) d 2d 378,173. Add lines 2a through 2d 2e 1,863,938. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) 4b Add lines 4a and 4b 40 863 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART_V, LINE 4: EXPLANATION: ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS AND RESEARCH. PART X, LINE 2: EXPLANATION: UNDER THE STATUTE OF LIMITATIONS, THE FEDERAL INFORMATIONAL RETURNS OF THE FOUNDATION FOR THE FISCAL YEARS ENDED JUNE 30, 2012 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES. MANAGEMENT EVALUATED TAX POSITIONS FOR THESE RETURNS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS. PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOOL OF JOURNALISM AND MASS Schedule D (Form 990) 2013 COMMUNICAT Part XIII Supplemental Information (continued) COMMUNICATION FOUNDATION OF NORTH 56-6034739 Page 5 CHANGE IN SPLIT INTEREST 3,500. PART XII, LINE 2D - OTHER ADJUSTMENTS: BAD DEBT RECOVERY -7,273.

SCHEDULE (Form 990) Department of the Treasury

Part

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

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

► Attach to Form 990.

OMB No 1545-0047	2013	Open to Public Inspection

2

Employer identification number 56-6034739 X Yes 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 ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. COMMUNICATION FOUNDATION OF NORTH SCHOOL OF JOURNALISM AND MASS General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II	Grants and Other Assistance to 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	omplete if the orga	nization answered "Y	'es" to Form 990, Part	IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	ional space is need	Jed			
1 (a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVATION TO THE THE THE THE THE THE THE THE THE THE	THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF JOURNALISM - CARROLL HALL, CB 3365 - CHAPEL HILL, NC 275993365	56-6001393	501(C)(3)	1,567,832,	0			FOR USE BY THE SCHOOL FOR SCHOLARSHIPS, STUDENT, FACULTY, STAFF SUPPORT AND OTHER USES,
2 Ente	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	nd government or	ganizations listed in thi 1 table	e line 1 table				1.

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

Schedule I (Form 990) (2013)

COMMUNICATION FOUNDATION OF NORTH

Schedule I (Form 990) (2013)

Part III

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

Page 2

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(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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

PART I, LINE 2:

EXPLANATION: MANAGEMENT AT THE SCHOOL OF JOURNALISM AND MASS COMMUNICATION

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

COMMUNICATION IS IN CHARGE OF APPROVING AND MAINTAINING SUPPORTING

DOCUMENTATION OF GRANT REQUESTS AND DISBURSEMENTS.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SCHOOL OF JOURNALISM AND MASS

Employer identification number COMMUNICATION FOUNDATION OF NORTH 56-6034739 **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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	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			
	organization or a related organization	ļ		
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		Х
С	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			
	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		'	1
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		l	
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			İ
а	The organization?	6a		X
b	Any related organization?	6b_		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III			
7	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	7		_ X
8	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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH

56-6034739

Page 2

Schedule J (Form 990) 2013

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

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

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		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099 MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	_	(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(2)(2)	
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332112 09-13-13

SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 56-6034739 Part III Supplemental Information Schedule J (Form 990) 2013

Page 3

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31

SCHEDULE 0

(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.

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

Inspection

OMB No 1545-0047

SCHOOL OF JOURNALISM AND MASS Name of the organization

COMMUNICATION FOUNDATION OF NORTH

Employer identification number 56-6034739

TORN OLD DARE I LINE 1 DECORDED ON OR ORGANIZATION ATGRESS
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:
EXPLANATION: A DRAFT OF FORM 990 IS REVIEWED BY MANAGEMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: 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:
EXPLANATION: UPON REQUEST.

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Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

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

Schedule R (Form 990) 2013 (g) Section 512(b)(13) **Employer identification number** 2013 ž Open to Public Inspection × controlled entity? Direct controlling Yes 56-6034739 entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling STATE OF NORTH entity CAROLINA End-of-year assets status (if section 501(c)(3)) 170(B)(1)(A) Public charity ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section 501(C)(3) € ► See separate instructions. Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) NORTH CAROLINA COMMUNICATION FOUNDATION OF NORTH ► Attach to Form 990. SCHOOL OF JOURNALISM AND MASS Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY COMMUNICATION - 56-6001393, CAMPUS BOX 3365 Name, address, and EIN (if applicable) UNC-CH SCHOOL OF JOURNALISM & MASS Name, address, and EIN of related organization of disregarded entity CHAPEL HILL, NC 27599 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part

SCHOOL OF BOOKNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH

Schedule R (Form 990) 2013

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

Page 2

56-6034739

General or Percentage managing ownership Schedule R (Form 990) 2013 Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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 Percentage ownership Yes Ξ Code V-UBI 20 of Schedule - K-1 (Form 1065) Share of end-of-year assets \equiv Disproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets Ô Type of entity (C corp, S corp, or trust) e Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) 35 <u>©</u> Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) (a) 332162 09-12-13 Part IV

Schedule R (Form 990) 2013

Yes

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- 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)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)

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- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- ٥
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s)
- ş 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.	В	1,567,832.	1,567,832. ACTUAL PAYMENTS TO SCHOOL
(2) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.	×	119,647.	119,647. ACTUAL FEES PAID TO UNIVERSITY
(3) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.	Z	14,113.	14,113. DONATED FACILITIES FROM SCHOOL
(4) UNC-CH SCHOOL OF JOURNALISM & MASS COMM.	0	371,333.	371,333.SALARY DONATED BY SCHOOL
(5)			
(9)			

Schedule R (Form 990) 2013

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332163 09-12-13

56-6034739

SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH

Schedule R (Form 990) 2013

739 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

General or Percentage OsproporLocale amount in box 20 managing ownership
allocations? of Schedule K-1

Ves No (Form 1065) Yes No Schedule R (Form 990) 2013 3 Ξ end-of-year Share of assets Share of income total (e) Are all partners sec 501(c)(3) orgs? Predominant income paries (related, unrelated, excluded from tax under section 512-514) **©** (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

37

Form **8868** (Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pert II (on page 2 of this form) On chard complete Part II unless you have already been grathed an automatic 3-month extension on a previously filid From 8888 Electronic filing (e-file). You can electronically file From 8868 if you need a 3-month automatic extension of time to the file from 8868 for equest an extension of time to file any of the form 8868 in capital and interest on the file file form 8868 for equest an extension of time to file any of the form 8868 for equest an extension of time to file any of the form 8868 for equest an extension of time to file any of the form 8868 for equest an extension of time to file any of the form 8868 for equest and extension of the form 8879. Information Return for Transfer Associated With Certain Particular forms and the file form 8868 for equest and extension of the file form 8879. Information Return for Transfer Associated With Certain Particular forms and the file forms and the form 870 forms 870 forms form 870 forms form 870 forms for the file forms form 870 forms 870 forms forms forms for the file forms forms forms forms forms forms for file forms	● If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	ert Land check this hox			▶ [X]
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equired to file Form 990 T), or an additional (not automate) Smooth extension of time You can electronically file Form 9808 to request an extension of time to file any of the forms listed in Part i or Part i with the exception of Form 9870, 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, set www.vs.gov/el/le and citic to e.e. **Net profits** Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990 T and requesting an automatic Growth extension -check this box and complete Part I city of the Part I Composition of the Compositions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time of the concrete set returns Part I Composition (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time of the concrete set returns Part I Composition (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time of the concrete set returns Part I Composition (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time of the concrete set returns Part I Composition (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time to the filerships of the concrete set returns Part I Composition (including 1120-C filerships), partnerships, REMICs, and trusts must use Form 7004 for request an extension of time for the return with the composition of the form 500 form 7004 form 7004 form 7004 forms 7				•	-		cornoration
## Interest of the 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, 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, personal wave use possible and click on e-166 for Chantines 8 Notice Part I only. ### Composition required to file Form 9907 and requiseting an automatic 6-month extension - check this box and complete and the encounter at returns. ### Composition required to file Form 9907 and requiseting an automatic 6-month extension - check this box and complete and the encounter at returns. #### Composition (eluciding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of file ancome tax returns. #### Composition for exempt organization or other filer, see instructions. #### COMMUNICATION FOURNALISM AND MASS COMMUNICATION FOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH			•		•		•
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acorporation required to life Form 990-T and requesting an automatic 6-month extension -check this box and complete Tart I only ## Other corporations (including 1120-C lifers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of its month of the income tax returns Fine trust Fine -			-		•		
Part Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
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Acoptoation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete 2-art only 2-art 2-ar		,			- 4 - 4\		
Warter corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns Name of exempt organization or other filer, see instructions							
## Application Return Code for the return that this application is for (file a separate application for each return)		_	matic 6-mo	onth extension - check this box and	complete		, \Box
Type or Name of exempt organization or other filer, see instructions SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH 56-6034739 Name of exempt organization or other filer, see instructions COMMUNICATION FOUNDATION OF NORTH 56-6034739 Name of exempt organization or other filer, see instructions. COMMUNICATION FOUNDATION OF NORTH 56-6034739 CAMPUS BOX 3365, CARROLL HALL City, town or post office, state, and ZIP code for a foreign address, see instructions CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599-3365 CHAPEL HILL, NC 27599 101 Code Is For Code Code Is For Co	•						
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or SCHOCL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH 56-6034739			MICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
SCHOOL OF JOURNALISM AND MASS COMMUNICATION FOUNDATION OF NORTH Social security number (SSN) CAMPUS BOX 3365, CARROLL HALL CHAPEL HILL, NC 27599-3365 Enter the Return code for the return that this application is for (file a separate application for each return) Application Feturn Application Return Application Return Application Return Application Return Application Form 990 or Form 990-EZ O1 Form 990-ED O2 Form 1720 (individual) O3 Form 4720 (other than individual) O4 Form 5227 O5 Form 990-FT NATHI WIMMER The books are in the care of No ARTH WIMMER The books are in the care of No	to me mcc	T T T T T T T T T T T T T T T T T T T			Enter file	<u>er's identifying</u>	a number
COMMUNICATION FOUNDATION OF NORTH 56-6034739 Number, street, and room or sufe no if a P D box, see instructions. Number, street, and room or sufe no if a P D box, see instructions. CHAPEL HILL, NC 27599-3365 Enter the Return code for the return that this application is for (file a separate application for each return) Application Application Beturn Code Form 990 Form 9	Type or	Name of exempt organization or other filer, see instri	uctions		Employe	ridentification	number (EIN) or
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Number, street, and room or suite no. If a P O box, see instructions. Number, street, and room or suite no. If a P O box, see instructions.	File by the	COMMUNICATION FOUNDATION O	F NOR'	TH		<u> 56-603</u>	<u>4739</u>
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City, town or post office, state, and ZIP code For a foreign address, see instructions CHAPEL HILL, NC 27599-3365 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Code Is For Code Is F	filing your return See	CAMPUS BOX 3365, CARROLL H	ALL_				
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Form 990 or Form 990 EZ Form 990 N Form 990 EZ Form 990 BL O2 Form 1041-A O3 Form 4720 (Individual) O3 Form 4720 (Individual) O3 Form 5227 10 Form 990 T (sec 401(a) or 408(a) trust) O5 Form 8870 11 Form 990 T (sec 401(a) or 408(a) trust) O6 Form 890 T (sec 401(a) or 408(a) trust) O6 Form 8870 12 KATHI WIMMER The books are in the care of ▶ CARROLL HALL, UNC - CHAPEL HILL, NC 27599 Telephone No ▶ 919 - 962 - 1204 If the so for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization for Digit on the whole group, check this box If this is for a Group Return, enter the organization return for the organization of time until FEBRUARY 15 , 2015 It fit is for part of the group, check this box If this application's return for If the calendar year Or If this is for the whole group, check this box If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any pnor year overpayment allowed as a credit Devising EFTPS (Electronic Federal Tax Payment System) See instructions 20 Caution, If you are going to make an electronic funds	is For		Code	Is For			Code
Form 990-BL Form 990-BL Form 990-PF Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 8970 Form 990-PF Form 8970 Form		or Form 990-EZ	01	Form 990-T (corporation)			
Form 4720 (Individual) O3							
Form 990-PF Ord 990-T (sec 401(a) or 408(a) trust) OS Form 8669 11 Form 990-T (trust other than above) OG Form 8870 The books are in the care of ► CARROLL HALL, UNC - CHAPEL HILL, NC 27599 Telephone No ► 919-962-1204 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the store an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015 It 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 entered in line 1 is for less than 12 months, check reason □ Initial return □ Final return □ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0. 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment lath. EMA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2014							
Form 990-T (sec 401(a) or 408(a) trust) OS	_			1 — — — — — — — — — — — — — — — — — — —	_		
KATHI WIMMER New York New		·		T			
The books are in the care of CARROLL HALL, UNC - CHAPEL HILL, NC 27599							
The books are in the care of ▶ CARROLL HALL, UNC - CHAPEL HILL, NC 27599 Telephone No ▶ 919-962-1204 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015 _, 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, 2013 _, and ending JUN 30, 2014. 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$ 0. c 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 3c \$ 0. Caution. If you are going to make an electronic funds withdrawal (direct debrt) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.	<u> </u>			1 0111 0070			
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