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EXTENDED TO MAY 16, 2016

Form **990**

Return of Organization Exempt From Income Tax

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

2014

▶ Do not enter social security numbers on this form as it may be made public.

pe made public.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.lrs.gov/form990.

A F	or the	e 2014 calendar year, or tax year beginning ULI, 2014 and er	nding J	<u>UN 30, 20</u> 15	<u> </u>
B	heck if	C Name of organization		D Employer identif	ication number
	Addres	THE SCHOOL OF MEDIA AND JOURNALISM SOLUTION OF NORTH CAROLINA, INC.			
X	change Name _change		_	56-6	5034739
	Initial return		oom/suite	E Telephone number	
	Final return/			•))962-1204
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,455,544.
	Ameno	CHAPEL HILL, NC 2/399-3365		H(a) is this a group i	
L	Application pending	F Name and address of principal officer ORAGE QUARTES III		for subordinate	s? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates	
		empt status X 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or	527	•	a list (see instructions)
		e: NWW.JOMC.UNC.EDU	1	H(c) Group exemption	
	orm or I rt I	organization: X Corporation	L Year o	of formation: 1949	M State of legal domicile: NC
1.0	_	Briefly describe the organization's mission or most significant activities. TO SU	DDODT	FINIDD A TOTA	IG AT THE
ce		SCHOOL OF MEDIA AND JOURNALISM AT UNC CHA			G AI IRE
Activities & Governance		Check this box (if the organization discontinued its operations or dispose)			seate
ver		Number of voting members of the governing body (Part VI, line 1a)	d of more	3	22
g		Number of independent voting members of the governing body (Part VI, line 1b)		4	21
s &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
itie		Total number of volunteers (estimate if necessary)		. 6	22
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		7a	
Ă		Net unrelated business taxable income from Form 990-T, line 34		7b	
				Prior Year	Current Year
o.	8 (Contributions and grants (Part VIII, line 1h)		712,430.	1,077,272.
Revenue		Program service revenue (Part VIII, line 2g)		0.	
eve		investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,175,097.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,887,527.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,567,832.	1,935,701.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ı 🗀	0.	0.
ဖွ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	1	0.	0.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b ·	Total fundraising expenses (Part IX, column (D), line 25)	1.		
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	296,106.	370,020.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	⁼}	1,863,938.	2,305,721.
	19	Revenue less expenses Subtract line 18 from line 12 OCOEN, UI	ا لــــــــــــــــــــــــــــــــــ	<u>23,589.</u>	149,823.
Sec				inning of Current Year	End of Year
Sset		Total assets (Part X, line 16)		<u> 22,052,106.</u>	22,587,173.
Net Assets or Fund Balances		Total liabilities (Part X, line 26)	<u> </u>	0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		<u> 22,052,106.</u>	22,587,173.
	rt II	Signature Block	nd statemen	nto and to the best of m	no les acorda el mana a medita de la cale
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules a i, and complete.			ly knowledge and belief, it is
uue,	Correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ii preparer i	las ally kilowieuge.	1/1
c:		Signature of officer		Date /	<i>\(\begin{align*} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </i>
Sigr		SUSAN KING, SECRETARY			
Here	•	Type or print name and title		-	
		Print/Type preparer's name Preparer's signature .	Da	gte / / Check	PTIN
Paid		ROBIN MCDUFFIE Rolling McDuffle		ate / 28 / 16 Check [if sett-employ	
Prep	ľ	Firm's name BLACKMAN & SLOOP, CPAS, P.A.		Firm's EIN	56-1304727
Use (Firm's address 1414 RALEIGH RD, SUITE 300		1	
	,	CHAPEL HILL, NC 27517		Phone no. (9	19)942-8700
Mav	the IB	S discuss this return with the preparer shown above? (see instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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			
	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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI 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		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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> </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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2014)

56-6034739 FOUNDATION OF NORTH CAROLINA, INC. Page 4 Form 990 (2014) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III 22 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 X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L, Part I 25b 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 "Yes," X complete Schedule L. Part II. 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form **990** (2014)

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

Yes No Press	Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
16 Enter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Enter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Inter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Inter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Inter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Inter the number of Forms W.20 actuated in the 18 Letter of not applicable □ Inter the number of Forms W.20 actuated in the Interest of Interest				\	<u> </u>				
Enter the number of Forms W-20 excluded in line 1a. Enter 0-fi not applicable	4-	Estar the number reported in Poy 3 of Form 1006 Enter O of not applicable	2	res	NO				
Count the organization comply with baskips withholding rules for reportable payments to vendors and reportable gaming (gaming) within the price vendors and reportable gaming (gaming) withing the price vendors and reportable gaming). 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by the return. 3 If the vendors is reported on line 2, ad the organization fiel at line (gaming) and the value of the line (gaming) and the value of the line (gaming) and the value of the value of the value of the financial accounts of the value of the value of the value of the reportation is Schedule O 5 If "Yes," this if field a Form 990-T for this year? If "No," to the 8b, provide an explanation in Schedule O 6 If "Yes," the the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 Was the organization at pairty to a probibited tax sheller transaction at any time during the tax year? 5 If "Yes," to line 5 or 55b, did the organization the Form 8886-7? 6 Does the organization at an anull gloss receipts that are normally greater than \$100,000, and did the organization solicid any contributions that were not tax deductible as charitable contributions? 6 If "Yes," to line 5 or 55b, did the organization that was or is a party to a prohibited tax sheller transaction? 6 If "Yes," to line 5 or 55b, did the organization file Form 8898-7? 8 Does the organization and annual gloss receipts that are normally greater than \$100,000, and did the organization solicid any contributions that may receive deductible as charitable contributions? 8 If "Yes," did the organization in include with every solicidation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170c). 9 If the organization received any funds, directly or indirectly, to pay premums on a personal benefit contract? 7 If Yes, "and the organizat	_			•					
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b) If at least one is reported on line 2 and the organization file all required federal employment tax returns? Note, if the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the yeal? 3b If "Yes," has it field a Form 990-1 for this year? If "No," to line 30, prowde an explanation in Schedule O 3b If A any time during the calendary say, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a A any time the name of the foreign country, ▶ 5ee instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly; 5b If "Yes," the line Sa or 5b, did the organization that than or a sa party to a probleted tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization that than or a party to a probleted tax shelter transaction? 5c If "Yes," to line Sa or 5b, did the organization file form 8886-17 6c If "Yes," to line Sa or 5b, did the organization file form 8886-17 6d Does the organization hat was ore excepts that are normally greater than \$100,000, and did the organization solicit any contributions that two ore a party to a probleted tax shelter transaction? 5c If "Yes," to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," and the organization sective a payment all excess of IS75 made party as a contribution and party for goods and services provided to the payor? 7a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or payment all excess of IS75 made party as a contribution of an advantage of the payment and the payment all the payment and the payment all the payment and the payment and the payment an	Za		0						
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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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			445		Y				
		•							
	D	in res, has it lieu a POTTH 720 to report these payments (ii No, provide an explanation in schedule O .		990	(2014)				

FOUNDATION OF NORTH CAROLINA, INC.

56-6034739

Form 990 (2014) 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			\mathbf{x}
Sec	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 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:			
_	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	_15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity duning the year?	16a		X
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	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 (Section 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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	KATHI WIMMER - 919-962-1204			
	CARROLL HALL, UNC, CHAPEL HILL, NC 27599			

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

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

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

Name and Title	(A)	(B)	l		((C)			(D)	(E)	(F)
Nours per Nour			l		Pos	itior					
(1) ORAGE QUARLES III									1 '	•	1
1		week	-	cer an	d a d	irecto	or/trus	stee)	from	from related	other
1		(list any	ector						[compensation
1			ip io	, e			afed			(W-2/1099-MISC)	
1			stee	truste		g.	beus		(W-2/1099-MISC)		
1		1 -	ua) tr	onal		ploy	e to a				F
1		I	D VIC	strtut	#cer	ey em	mples	ormei			Organizations
PRESIDENT	/1) OPACE OHADIES TIT		=	=	10	Ť	± 5	=			
1.00	· ·		x		x				0.	0.	0.
VICE PRESIDENT		1.00	<u> </u>								
Carrier			x		x				0.	0.	0.
TREASURER		1.00							•		<u> </u>
18.00 22.00 X X X X X X X X X			x		х				0.	0.	0.
SECRETARY 22.00 X X X 0. 248,847. 37,455		18.00									
STEVEN HAMMEL 1.00			X		X				0.	248,847.	37,455.
Column		1.00									
BOARDMEMBER	BOARDMEMBER		X						0.	0.	0.
(7) R. FRANK ANDREWS, IV	(6) HANK PRICE	1.00									
BOARDMEMBER	BOARDMEMBER		X		<u> </u>				0.	0.	0.
S	(7) R. FRANK ANDREWS, IV	1.00									
BOARDMEMBER	BOARDMEMBER		X						0.	0.	0.
1.00	(8) WALTER HUSSMAN, JR.	1.00									
BOARDMEMBER	BOARDMEMBER		X						0.	0.	0.
1.00 BOARDMEMBER	(9) CHARLES BROADWELL	1.00									
BOARDMEMBER	BOARDMEMBER		X						0.	0.	0.
SOARDMEMBER	(10) ZACHARY CLAYTON	1.00									
BOARDMEMBER	BOARDMEMBER		X	-		_			0.	0.	0.
1.00 Name	(11) ELIZABETH PARK FOWLER	1.00							_	_	
BOARDMEMBER X	BOARDMEMBER		X						0.	0.	0.
Column	(12) WILLIAM KEYES	1.00									•
BOARDMEMBER	BOARDMEMBER	1 00	X	-				_	0.	0.	0.
(14) R. LEE BURROWS, JR. BOARDMEMBER (15) J. WALKER SMITH BOARDMEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0.	(13) SHAILENDRA GHORPADE	1.00									•
BOARDMEMBER X		1 00	X						0.	0.	0.
1.00 Nalker Smith 1.00 Nalker Smith 1.00 Nalker Smith Nalker Smith	(14) R. LEE BURROWS, JR.	1.00									•
BOARDMEMBER X		1 00	X					_	0.	0.	0.
(16) CAROLINE WELCH BOARDMEMBER (17) RACHEL DAVIS MERSEY 1.00 X 0.00 0.00		1.00	,							ا ۾ ا	0
BOARDMEMBER (17) RACHEL DAVIS MERSEY (18) DAVIS MERSEY (10) DAVIS MERSEY (10) DAVIS MERSEY		1 00	Ā	\vdash			\vdash	-	0.	0.	0.
(17) RACHEL DAVIS MERSEY 1.00		1.00	.							ا ۾ ا	0
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		1.00	х						0.	о.	0.
			<u> </u>						I	0.	Form 990 (2014)

Part VII Section A. Officers, Directors, (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average				itior	1 than		Reportable	Reportable		Estimat	ted
	hours per	box	, unle	ss pe	rson	is bo	th an	compensation	compensation	İ	amount	t of
	week	-	cer and a director/trus			or/trus	stee)	1 110111	from related		other	
	(list any hours for	irecto						the	organizations	CC	mpens	
	related	e or d	皇			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	١,	from th rganiza	-
	organizations	Individual trustee or director	institutional trustee		yee	m peu	l	(** 2/1033 (**100)			ind rela	
	below	ndual	tution	 =	Key employee	est co loyee	<u>=</u>				ganızat	
	line)	Ē	ınst	Officer	Key	Highest compensated employee	퉏			_		
(18) JOHN DRESCHER	1.00							_	_			
BOARDMEMBER	1 22	X	_			<u> </u>		0.	0	•		0.
(19) COWLES LIIPFERT	1.00	٠,,							•			_
BOARDMEMBER	1.00	X				├		0.	0	+-		_0.
(20) KIMBERLY MOORE	1.00	x						0.	0			0.
BOARDMEMBER (21) DAVID SOUSA	1.00	^						0.		+-		
BOARDMEMBER	1.00	x						0.	0			0.
(22) FORD WORTHY	1.00									•		
BOARDMEMBER		X	l					0.	0			0.
										+		
										1		
1b Sub-total	l	<u> </u>					<u> </u>	0.	248,847	_	37,4	55.
c Total from continuation sheets to Pa	rt VII. Section A						•	0.	0			0.
d Total (add lines 1b and 1c)	•						>	0.	248,847		37,4	
2 Total number of individuals (including b	out not limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization	>											0
										_	Yes	No
3 Did the organization list any former offi		istee	e, ke	y en	nplo	yee,	or h	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J										3	╁	X
4 For any individual listed on line 1a, is the and related organizations greater than \$\frac{1}{2}\$	•							•	ne organization	١.	$ \mathbf{x} $	
5 Did any person listed on line 1a receive									dual for services	4		-
rendered to the organization? If "Yes,"					_			od organización or mani	dadi for sorvices	5		х
Section B. Independent Contractors												
1 Complete this table for your five highes	t compensated inc	lepe	nde	nt c	ontr	acto	rs th	hat received more than	\$100,000 of comper	sation	from	
the organization. Report compensation	for the calendar ye	ear e	endır	ng w	/ith d	or w	thin	the organization's tax y	ear.			
(A) Name and busin								(B) Description of se	2000		(C)	_
Name and busin		NC	NE	<u>. </u>			+		BI VICES	Comp	ensatio	
									ĺ			
							1					
							寸					
							\perp	· -				
							4		-			
O Tatal number of independent and in	un (mali intra e ficial e	a 1	n.4 a -	1 4 -			ب_	abaya) who received	are then			
2 Total number of independent contracto	•	ot iin	ıntec	י נס	tnos (rea	anove) who received m	UI & III AII			
\$100,000 of compensation from the org	yainzailUli 🚩								I	F	990 (0014

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Pa	rt VI	Statement of Reversible Check if Schedule O conf		e or note to any lin	e in this Part VIII			
	•	Gricox III Gorigadio e com	anio a respond	o o note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ir a	b	Membership dues	1b					
is, (Am	С	Fundraising events	1c					
Gift lar	d	Related organizations	1d					
imi	е	Government grants (contribut	tions) <u>1e</u>					
itio er S	f	All other contributions, gifts, gran	its, and					
ig X		similar amounts not included abo	ve 1f	1,077,272.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$				•	
<u>a</u> 0	h	Total. Add lines 1a-1f			1,077,272.	_		<u> </u>
_				Business Code				
ice	2 a							
že.	b							
E E	C			1	-			
ga Re	d							
Program Service Revenue	e f	All other program service reve						
		Total. Add lines 2a-2f	aride .	•	-			
	3	Investment income (including	dividends, inte					
ĺ	-	other similar amounts)		▶	165,569.			165,569.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	•	· •				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents						
ł	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)					·	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	1,212,703	3.				
	b	Less cost or other basis						
		and sales expenses).				
		Gain or (loss)	1,212,703					
		Net gain or (loss)		_	1,212,703.			1,212,703.
9	8 a	Gross income from fundraisin						
e l		including \$						
æ		contributions reported on line						
Other Revenue		Part IV, line 18 Less direct expenses		a				
ಠ		Net income or (loss) from fund		b				
j		Gross income from gaming ac	-					
	<i>3</i> a	Part IV, line 19		a				
ĺ	h	Less direct expenses		b		'		
		Net income or (loss) from gam		•				
		Gross sales of inventory, less						"
		and allowances		a				
	b	Less: cost of goods sold	•	b				
l		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu		Business Code				
ľ	11 a			·				<u> </u>
	b			1 1				
	С							
	d	All other revenue						<u> </u>
	е	Total. Add lines 11a-11d		▶				ļ
لِـــ	12	Total revenue. See instructions.		🕨	2,455,544	0_	0	
432001	14							Form 990 (2014)

Form 990 (2014) FOUNDATION OF NORTH CARC
Part IX | Statement of Functional Expenses

OCOM	HUTOR	ı			
OLINA,	_INC.		56-6034739	Page 10	

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	 Check if Schedule O contains a respor 		this Part IX	(O)	
	ot include amounts reported on lines 6b, Bb, 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 domestic organizations				
	and domestic governments. See Part IV, line 21	1,935,701.	1,935,701.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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			İ	
	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits			+	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal		-		
C	Accounting Lobbying				
d e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	68,565.		68,565.	
' a	Other (If line 11g amount exceeds 10% of line 25,	- 00/3030		00,000	
9	column (A) amount, list line 11g expenses on Sch 0.)	16,150.		16,150.	
12	Advertising and promotion	_ , /			
13	Office expenses	12,793.			12,793.
14	Information technology		-		
15	Royalties				
16	Occupancy				
17	Travel	10,111.			10,111.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,672.			42,672.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	1,224.		1,224.	
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	132,653.			132,653.
ь					
c					
d					
	All other expenses	85,852.		70,980.	14,872.
25	Total functional expenses. Add lines 1 through 24e	2,305,721.	1,935,701.	156,919.	213,101.
26	Joint costs Complete this line only if the organization			$\overline{}$	_
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

FOUNDATION OF NORTH CAROLINA, INC. Form 990 (2014) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 3,725,785. 3,079,779. Savings and temporary cash investments 2 2 80,511. 290,352. Pledges and grants receivable, net 3 3 12,324. 277. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 18,222,386. 19,204,465. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 11,100 12,300. 15 Other assets See Part IV. line 11 15 22,052,106. 22,587,173. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses Grants pavable 18 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L ... 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 1724) Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,940,517. 5,136,401. 27 Unrestricted net assets 27 7,384,799. 7,452,351. Temporarily restricted net assets . 28 28 9,726,790. 9,998,421. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 22,587,173. Form 990 (2014)

> 22,587,173.

32

33

32

33

22,052,106.

22,052,106.

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances ...

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets							
	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	2	,45	5,5	44.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,30	5,7	21.		
3	Revenue less expenses. Subtract line 2 from line 1	3		14	9,8	23.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22	,05	2,1	06.		
5	Net unrealized gains (losses) on investments	5		39	4,7	89.		
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		_	9,5	45.		
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	,58	7,1	73.		
Pa	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1	1 Accounting method used to prepare the Form 990 Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b_	_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bası	3,	i l				
	consolidated basis, or both:							
	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 audr	t,					
	review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?						_X_		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990 (2014)		

432012 11-07-14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

THE SCHOOL OF MEDIA AND JOURNALISM

Employer identification number

FOUNDATION OF NORTH CAROLINA, INC 56-6034739 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION OF NORTH CAROLINA 56-6034739 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	590,386.	825,272.	1069530.	712,430.	1077272.	4274890.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			i			
	furnished by a governmental unit to						
	the organization without charge	218,741.		359,527.	385,446.	312,807.	1618572.
4	Total. Add lines 1 through 3	809,127.	1167323.	1429057.	1097876.	1390079.	5893462.
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)						718,084.
6	Public support. Subtract line 5 from line 4						5175378.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	809,127.	1167323.	1429057.	1097876.	1390079.	5893462.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	222,803.	205,537.	203,597.	173,491.	165,569.	<u>970,997.</u>
9	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 VI)						
11	Total support. Add lines 7 through 10						6864459.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
<u> </u>	organization, check this box and stor	here	to		•••	•	
	tion C. Computation of Publ	-					75 20 **
	Public support percentage for 2014 (I			olumn (f))	}	14	75.39 %
	Public support percentage from 2013				. [15	<u>53.90 %</u>
16a	33 1/3% support test - 2014. If the c			iline 13, and line	14 IS 33 1/3% OF IT	iore, check this bo	x and ►X
	stop here. The organization qualifies		_	12 or 160 ond	lma 15 m 22 1/20/	ar mara abaak th	•
Đ	33 1/3% support test - 2013. If the conditions the support test - 2013.				1110 13 15 33 17370	or more, check in	IS DOX
4	and stop here. The organization qual				13 16a ar 16h -	and line 14 is 100/	or more
1/a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					t villow the organi	
	meets the "facts-and-circumstances"	_			-	7a. and line 15 is 1	▶ □ 10% or
b	10% -facts-and-circumstances test						10/0 UI
	more, and if the organization meets the organization meets the "facts-and-circ						ightharpoonup
10	Private foundation. If the organization						
10	Filvate louisuation, it the organizatio	TO THE THE REAL PROPERTY AND THE PERTY AND T	JOA OII IIIIO 10, 102	., . ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support											
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not											
	include any "unusual grants ")											
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose											
3	Gross receipts from activities that											
	are not an unrelated trade or bus- iness under section 513											
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf											
5	The value of services or facilities											
	furnished by a governmental unit to the organization without charge											
6	Total. Add lines 1 through 5											
7	Amounts included on lines 1, 2, and											
	3 received from disqualified persons				<u> </u>							
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year											
(Add lines 7a and 7b											
	Public support (Subtract line 7c from line 6)											
	ction B. Total Support	,				1						
	alendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total											
-	Amounts from line 6 Gross income from interest,											
108	dividends, payments received on securities loans, rents, royalties and income from similar sources											
ŧ	Unrelated business taxable income				İ							
	(less section 511 taxes) from businesses acquired after June 30, 1975											
	Add lines 10a and 10b			<u>-</u>	 							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on											
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)											
13	Total support (Add lines 9, 10c, 11, and 12)				1		<u> </u>					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	zation,					
<u></u>	check this box and stop here	S Compart Do					<u> </u>					
	ction C. Computation of Public			- A								
	Public support percentage for 2014 (I			olumn (1))		15	<u>%</u>					
	Public support percentage from 2013					1 10 1						
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 / %											
	Investment income percentage from 2	•				18	<u>%</u>					
	33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than :							
•	more than 33 1/3%, check this box as						ightharpoons					
t	b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and											
	line 18 is not more than 33 1/3%, che											
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> ▶□</u>					

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Su	pporting	Organizations
------------	--------	----------	---------------

sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain.	11		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	_4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		İ	
	purposes	4c		_
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c_		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		Ì	
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
_	determine whether the organization had excess business holdings.)	10b		

		0034/3) J P	age 5
Ра	rt IV Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T
	Ha's the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		\vdash
_				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	1	<u> </u>
	Alon Di Typo vosportning of guinautono		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	-110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ļ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type is depositing organizations	_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)			
Sec	tion D. Type III Supporting Organizations			
000	tion b. Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	163	140
'	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			l
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		1
2	the organization maintained a close and continuous working relationship with the supported organization(s) By reason of the relationship described in (2), did the organization's supported organizations have a			 -
3	significant voice in the organization's investment policies and in directing the use of the organization's	1		ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3		l
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		! _	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instruction			
· a	The organization satisfied the Activities Test Complete line 2 below	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	:)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		l
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34	┟─┤	
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

_	edule A (Form 990 or 990-EZ) 2014 FOUNDATION OF NORTH CAR			56-6034739 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		tructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
				(optional)
1	Net short-term capital gain	1_1_		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-ıntegrate	d Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	dule A (Form 990 or 990-EZ) 2014 FOUNDATION OF			56-6034739 Page 7
Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		,	
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b	1000			
C				
d				
	From 2013	-		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
 -	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D.			
•	line 7.			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			_
•	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
7				
	and 4c			-
<u>8</u>	Breakdown of line 7.			
<u>a</u>				
<u>_b</u>				
<u> </u>	5 (A 0040			
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

THE SCHOOL OF MEDIA AND JOURNALISM Schedule A (Form 990 or 990 EZ) 2014 FOUNDATION OF NORTH CAROLINA, INC. 56-6034739 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. 56-6034739 Page 8 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.

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

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE SCHOOL OF MEDIA AND JOURNALISM

Employer identification number 56-6034739

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, lin		2011,
	0.94		(b) Funds and other accounts
1	Total number at end of year		<u> </u>
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historicall	y important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	` '	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		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements r Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		· · · · · · · · · · · · · · · · · · ·
٥	and section 170(h)(4)(B)(ii)?	to detail in requirements of decision in our wife	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f 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 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а			\$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		ION OF NOR				-603473		<u>age 2</u>
	rt III Organizations Maintaining C	•						
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant use	of its collection	on item	IS
	(check all that apply)							
a	Public exhibition	d		hange programs				
Ь	Scholarly research	е	Other					
С	Preservation for future generations		- l 4l &4l 4	L		- D VIII		
4	Provide a description of the organization's co					n Part XIII		
5	During the year, did the organization solicit o				ar assets	 ,		٦
Bo	to be sold to raise funds rather than to be mart IV Escrow and Custodial Arran				- Farm 000 Da	Yes		<u>No</u>
rai	reported an amount on Form 990, Par		ete ir the organizatio	m answered fes t	o romi 990, Pa	rt IV, line 9, 0	r 	
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ns or other assets no	ot included			_
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.					
						Amou	nt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on Fo				•	Yes	느	∐ No
	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		ır years	back
1a	Beginning of year balance	14,581,795.	13,183,307.	12,104,083	11,988,) <u>,367</u>	710.
b	Contributions	294,557.	182,399.	269,462,	238,	195.	232	202.
С	Net investment earnings, gains, and losses	1,295,743.	1,924,825.	1,399,383,	285,	277. 1	<u>.,466</u>	256.
d	Grants or scholarships	1,049,661.	708,736,	589,621,	408,	201.	77	<u>356.</u>
е	Other expenditures for facilities							
	and programs		_					
f	Administrative expenses				ļ			
9	End of year balance	15,122,434.	14,581,795,	13,183,307,	12,104,	083. 11	<u>.,988</u>	812.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	ı)) held as.				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 65.86	%						
С		4.14 %						
	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are neid a	na administered for	tne organization	n	<u> </u>	
	by					0.00	Yes	No
	(i) unrelated organizations			•		3a(i)		X
	(ii) related organizations		n Cabadula DO			3a(ii)	+	_X_
_	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	•				3b		
Par			willetti jurius					
	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part X	line 10			
	Description of property	(a) Cost or of			Accumulated	(d) Box	ok valu	
	Description of property	basis (investr	1		epreciation	(4) 500	n valu	Ü
10	Land		, , ,			1		
	Buildings					1		
	Leasehold improvements					1		
	Equipment	•			•	1		
	Other							
	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X, column (B), line 1	0c)	>	1		0.

Schedule D (Form 990) 2014

osely-held equity interests ther UNC INVESTMENT FUND, LLC 19,204,465. END (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 19,204,465. t VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part IV, line 90, Part IV,	O-OF-YEAR Form 990, Part X,	MARKET	VALUE -of-year market value
nancial derivatives osely-held equity interests ther UNC INVESTMENT FUND, LLC 19,204,465. ENI (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (Col. (b) must equal Form 990, Part X, col. (B) line 12.) (Col. (b) must equal Form 990, Part IV, line 11c See I	Form 990, Part X,	line 13.	
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(Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 19, 204, 465. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) M (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	Form 990, Part X, Method of valuatio	line 13. on. Cost or end	-of-year market value
(Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 19, 204, 465. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) M (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	Form 990, Part X, Method of valuatio	line 13. n. Cost or end	-of-year market value
(Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 19, 204, 465. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) M (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	Form 990, Part X, flethod of valuatio	line 13. on. Cost or end	-of-year market value
(Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► 19, 204, 465. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) M (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	Form 990, Part X, Method of valuatio	line 13. on. Cost or end	-of-year market value
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) M (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	Form 990, Part X, Method of valuatio	line 13.	-of-year market value
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See F (a) Description of investment (b) Book value (c) N (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	Form 990, Part X, Method of valuatio	line 13.	-of-year market value
(c) No. (a) Description of investment (b) Book value (c) No. (b) must equal Form 990, Part X, col. (B) line 13.)	Form 990, Part X, Method of valuatio	line 13.	-of-year market value
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) LIX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description	dethod of valuatio	n. Cost or end	-ot-year market value
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ t IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) t IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) t IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) t IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See I (a) Description			
			(b) Book value
	·		
(Column (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities.		>	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f		Part X, line 25.	·
(a) Description of liability (b) Book v	value		
Federal income taxes			
(Column (b) must equal Form 990, Part X, col (B) line 25)		-1 -4-4	
ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the orga ganization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if this	nineticals forces	a statements f	

Schedule D (Form 990) 2014 FOUNDATION OF NORTH CARC			6034739 r	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenue per	· Returr	1.	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a			
1 Total revenue, gains, and other support per audited financial statements		1	3,164,3	<u>340.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a Net unrealized gains (losses) on investments	2a 394,789			
b Donated services and use of facilities	2b 312,80°	7.		
c Recoveries of prior year grants	2c	_		
d Other (Describe in Part XIII)	2d 1,200	<u>).</u>		
e Add lines 2a through 2d	-	_2e	708,7	<u> 796.</u>
3 Subtract line 2e from line 1		3	2,455,5	<u>544.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII)	4b			
c Add lines 4a and 4b		4c		0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	· ·	5	2,455,5	<u>544.</u>
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses p	er Retu	rn.	
Complete if the organization answered "Yes" to Form 990, Part IV, line	12a			
Total expenses and losses per audited financial statements		_1_	2,629,2	273.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25				
a Donated services and use of facilities	2a 312,807	7.		
b Prior year adjustments	2b			
c Other losses	2c	7		
d Other (Describe in Part XIII)	2d 10,745	5.		
e Add lines 2a through 2d		2e	323,5	552.
3 Subtract line 2e from line 1		3	2,305,7	721.
4 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	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b	<u> </u>	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,305,7	
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, lir	ne 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	y additional information			
PART V, LINE 4:				
ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS	AND RESEARCH.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
PART AT, DINE 2D - OTHER ADDODIMENTS.				
CHANGE IN SPLIT INTEREST			1.2	200.
CHEROL IN DIZIT INTENDI	· · · · · · · · · · · · · · · · · · ·			
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
BAD DEBT RECOVERY			10,7	<u> 45.</u>
PART X, LINE 2:				
THE FOUNDATION IS EXEMPT FROM INCOME TAX A	AS A NOT-FOR-PROFI	T ORG	<u> </u>	<u> </u>
UNDER SECTION 501(C)(3) OF THE INTERNAL RE	EVENUE CODE, AND I			
10-01-14		Sched	lule D (Form 990	ı) 2014

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC. 56-6034739 Page 5 Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued) OTHER THAN A PRIVATE FOUNDATION. IF APPLICABLE, THE FOUNDATION REPORTS INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX POSITIONS AS MISCELLANEOUS EXPENSE UNDER GENERAL AND ADMINISTRATIVE EXPENSES. MANAGEMENT EVALUATED TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS, AND BELIEVES THERE IS NO INCOME TAX EFFECT ON THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2014

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.ins.gov/form990.

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Open to Public Inspection

Name of t	he organization	Name of the organization THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC.	Employer identification number 56-6034739
Part	General Inforn	Part I General Information on Grants and Assistance	
1 Doe	is the organization	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	UOI

critena used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

2

X Yes

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	ion (d) Amount of ((e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDIA AND JOURNAL - CARROLL HALL, CB 3365 - CHAPEL HILL, NC 275993365	56-6001393	501(C)(3)	1,935,701,	0			FOR USE BY THE SCHOOL FOR SCHOLARSHIPS, STUDENT, FACULTY, STAFF SUPPORT AND OTHER USES.
 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 org	janizations listed in the	e line 1 table				A A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.				:	Schedule I (Form 990) (2014)

Page 2

56-6034739

Schedule I (Form 990) (2014) FOUNDATION OF NORTH CAROLINA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2:					
MANAGEMENT AT THE SCHOOL OF MEDIA AND		NALISM FOU	NDATION OF	JOURNALISM FOUNDATION OF NC, INC. AND	
THE RELATED SCHOOL OF MEDIA AND JOURNALISM IS IN CHARGE OF APPROVING AND	URNALISM	IS IN CHA	RGE OF APPI	ROVING AND	
MAINTAINING SUPPORTING DOCUMENTATION OF GRANT REQUESTS AND DISBURSEMENTS.	ON OF GR	ANT REQUES	TS AND DIS	BURSEMENTS.	

Schedule I (Form 990) (2014)

432102 10-15-14

SCHEDULE J (Form 990) ·

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990. **Employer identification number**

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA,

56-6034739

Pá	art I Questions Regarding Compensation			
			Yes	No
ta	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			İ
	First-class or charter travel Housing allowance or residence for personal use			ļ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	- 1		
	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			
а	Receive a severance payment or change-of-control payment?	_4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	_6a		X
b	Any related organization?	6b		X
	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		l

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

Schedule J (Form 990) 2014

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC.

Schedule J (Form 990) 2014

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

Page 2

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

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

		(B) Breakdown of V	(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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(c)-(i)(a)	in column (b) reported as deferred in prior Form 990
(1) SUSAN KING	Θ	0	0	0.	0	0	0	0
LETARY	<u>(ii)</u>	248,84	0.	0.	32,078.	5,377.	286,30	0
	(i)							
	(ii)							
	()							
	(1)							
	(ii)	,						
	(ii)							
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34

Schedule J (Form 990) 2014

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC. Schedule J (Form 990) 2014

Page 3 56-6034739

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 Part III Supplemental Information

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Schedule J (Form 990) 2014

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.lrs.gov/form990.

Inspection

OMB No 1545-0047

Name of the organization

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC.

Employer identification number 56-6034739

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE UNC SCHOOL OF MEDIA AND JOURNALISM'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 MEDIA AND JOURNALISM 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 A, LINE 4:
THE ARTICLES OF INCORPORATION WERE AMENDED TO CHANGE THE NAME OF THE
CORPORATION TO THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH
CAROLINA, INC.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT OF FORM 990 IS REVIEWED BY MANAGEMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
SELF-DISCLOSURE BY BOARD MEMBERS. THE FOUNDATION IS IN THE PROCESS OF
DEVELOPING AND IMPLEMENTING A POLICY WHERE BOARD MEMBERS WILL BE REQUIRED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

432211 08-27-14

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

Schedule O (Form 990 or 990-EZ) (2014)			Page 2
Name of the organization THE SC	HOOL OF MEDIA AND TION OF NORTH CARO		Employer identification number56-6034739
•			
TO ANNUALLY DISCLOSE	ANY POTENTIAL CON	FLICTS.	
FORM 990, PART VI, S	ECTION C, LINE 19:		
UPON REQUEST.			
FORM 990, PART XI, L	INE 9, CHANGES IN	NET ASSETS:	
CHANGE IN SPLIT INTE	REST AGREEMENTS		1,200.
BAD DEBT RECOVERY			-10,745.
TOTAL TO FORM 990, P	ART XI, LINE 9		-9,545.
FORM 990, PART XII,	LINE 2C:		
THE FOUNDATION'S AUD	IT COMMITTEE ASSUM	ES OVERSIGHT OF T	THE AUDIT OF THE
FINANCIAL STATEMENTS	AND SELECTION OF	AN INDEPENDENT AC	CCOUNTANT.
<u></u>			

Schedule R (Form 990) 2014 (g) Section 512(b)(13) No **Employer identification number** Open to Public OMB No 1545-0047 × controlled entity? 20.14 Inspection Direct controlling Yes 56-6034739 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 <u>e</u> status (if section Public charity 170(B)(1)(A) 501(c)(3)) 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.lrs.gov/form990. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section 501(C)(3) 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 ▶ Attach to Form 990. THE SCHOOL OF MEDIA AND JOURNALISM CAROLINA, INC. Primary activity Primary activity or Paperwork Reduction Act Notice, see the Instructions for Form 990. UNIVERSITY OF NORTH CAMPUS BOX 3365, CHAPEL HILL, NC FOUNDATION UNC-CH SCHOOL OF MEDIA AND JOURNALISM Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) 56-6001393 Part II Part

OF NORTH CAROLINA, INC. FOUNDATION Schedule R (Form 990) 2014

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 3 Yes No 9 Code V-UBI amount in box 20 of Schedule 4.4. (Form 1065) Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity **©** (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization

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. Part IV

	•								į
(a)	(q)	(2)	(0	(e)		(6)	(h)	(9)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	113) ed ?
		country)		or many		433413		Yes	Š
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Page 3

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Yes

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THE SCHOOL OF MEDIA AND JOURNALISM

FOUNDATION OF NORTH CAROLINA, INC Schedule R (Form 990) 2014 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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	ns with one or more related organizations listed in Parts II-1V?
III, or IV of this schedule	lowing transactio
Note. Complete line 1 if any entity is listed in Parts II, III	c year, did the organization engage in any of the fol
Note. Complete IIr	1 Dunna the tax ve

- A Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)

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- 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)
- Shanng of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	is 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 MEDIA AND JOURNALISM	В	1,935,701.	1,935,701. ACTUAL PAYMENTS TO SCHOOL
(2) UNC-CH SCHOOL OF MEDIA AND JOURNALISM	M	132,653.	132,653.ACTUAL FEES PAID TO UNIVERSITY
(3) UNC-CH SCHOOL OF MEDIA AND JOURNALISM	N	14,450.	14,450.DONATED FACILITIES FROM SCHOOL
(4) UNC-CH SCHOOL OF MEDIA AND JOURNALISM	0	298,357.	298,357.SALARY DONATED BY SCHOOL
(6)			
(9)			

Schedule R (Form 990) 2014

432163 08-14-14

Page 4

56-6034739

THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC.

Schedule R (Form 990) 2014

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

(a)	(q)	(0)	(6)	(e)	9	(6)	3	9	=	3
Name address and FIN	Primary activity	aicim	Predominant income	Are all	Share of	Chare of	Dispropor-	Code 1/-1101	(I)	(n) Doroptopo
of entity	(1111)	(state or foreign	(related, unrelated,	501(c)(3) orgs ?	total	end-of-year	tionate allocations?	to the state of schools of school	managing partner?	managing ownership
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	
									-	
									-	
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Schedule R (Form 990) 2014