## EXTENDED TO MAY 17, 2021

(Rev January 2020)

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

► Do not enter social security numbers on this form as it may be made public. Department of the Treasury

Open to Public

Intern	ai Reve	nue Service Go to www.irs.gov/Form990 for instructions and t			mspection
A F	or the	= 2019 calendar year, or tax year beginning $$ JUL $$ $$ 1 $$ $$ $$ 2 $$ $$ 0 $$ $$ and er	nding (	<u>JUN 30, 2020</u>	
Bc	heck if	C Name of organization		D Employer identific	cation number
ā	pplicabl	UNC HUSSMAN SCHOOL OF JOURNALISM AND		' '	
Γ	∏Addre				
<u> </u>	_ichang ∃Name				3.6
LX	Name chang			56-60347	
	]inıt:al return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone number	
	Final return	CAMPUS BOX 3365, CARROLL HALL		(919)962	-1204
	termin			G Gross receipts \$	2,446,908.
	Amen				
는	⊒return ∏Applic			H(a) Is this a group re	
_	Ition pendii	P Name and address of principal officer 0. WALKER DITTI	^	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE	<u> </u>	H(b) Are all subordinates in	cluded? Yes No
I T	ax-ex	empt status X 501(c)(3)	<b>1</b>	If "No," attach a	list (see instructions)
.J V	Vebsi	te: > WWW.JOMC.UNC.EDU		H(c) Group exemption	number -
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: NC
	rt I	Summary	Licai	Oriomaton. 1949 W	Glate of legal dofficie. 11C
	,,		2222		~ > ~
ģ		Briefly describe the organization's mission or most significant activities $\underline{TO}$ $\underline{SU}$			
Ĕ		UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA	A FOU	UNDATION. TH	<u> </u>
Ĕ	2	Check this box I if the organization discontinued its operations or dispose	ed of mor	e than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	22
ĕ	_	Number of independent voting members of the governing body (Part VI, line 1b)		4	22
త				<del></del>	_ 0
Activities & Governance		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	
₹		Total number of volunteers (estimate if necessary)	7	6	22
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), matcelled	_ 1	7a	0.
•	ь	Net unrelated business taxable income from Form 990 T, Ine 39	ျပ္ကု	7b	0.
	_	apr 1 6 2021	RS-OS(	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	က်	12,698,512.	2,349,419.
e e	l	grame ( are any	ଅଲାଳ	0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)	[ <del>-</del>		
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	ليبيي	91,253.	82,028.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,895.	1,822.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,794,660.	2,433,269.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,626,688.	927,585.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	l	• • • • • • • • • • • • • • • • • • • •		0.	0.
Šes	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)	_ ⊢	0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)   97,29	<u>3.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		214,377.	118,736.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,841,065.	1,046,321.
	l	Revenue less expenses. Subtract line 18 from line 12		10,953,595.	1,386,948.
ES S		HOTOHOO 1000 OXPONOCO. OCONICO INO TO HOTO INC. TE	D.	eginning of Current Year	End of Year
Net Assets or Fund Balances		Total access (Dark V. line 4.0)	B		
358	20	Total assets (Part X, line 16)	<u> </u>	37,421,032.	39,068,921.
절	21	Total liabilities (Part X, line 26)	_	31,000.	7,572.
ᅽ	22	Net assets or fund balances Subtract line 21 from line 20		37,390,032.	39,061,349.
Pa	ırt II	Signature Block			
Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and staten	nents, and to the best of my	/ knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			,, ,
uuc,	COITCE	A and complete. Declaration of property (other man smoot) is based on an information of which	on propare	i i i a di j	) % .
		Construct of officer		<u> </u>	04
Sign	1	Signature of officer		Date	
Her	е	SUSAN KING, SECRETARY			
		Type or print name and title		_	
	_	Print/Type preparer's name Preparer's signature Tober M	1.1	Date Check	PTIN
Paid		ROBIN MCDUFFIE ROBIN MCDUFFIE	Couple	~ 367101	P00534544
			<u> </u>	3/27/27 setf-employe	
Prep		Firm's name BLACKMAN & SLOOP, CPAS, P.A.		Firm's EIN 🛌	56-1304727
Use	Only	Firm's address 1414 RALEIGH RD, SUITE 300			
		CHAPEL HILL, NC 27517		Phone no. ( 9 :	<u>19)942-8700</u>
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 01-2		ns.		Form <b>990</b> (2019)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	-
	TO PROVIDE FUNDS TO THE HUSSMAN SCHOOL OF JOURNALISM AND MEDIA	AT UNC
	CHAPEL HILL FOR SCHOLARSHIPS, STUDENT & STAFF SUPPORT, AND OTH	ER USES
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	)
	TO PROVIDE FUNDS TO THE HUSSMAN SCHOOL OF JOURNALISM AND MEDIA	AT UNC
	CHAPEL HILL FOR SCHOLARSHIPS, STUDENTS, FACULTY AND STAFF SUPPORT	ORT, AND
	OTHER USES.	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	)
		,
4c	(Code) (Expenses \$	
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
	Other program services (Describe on Schedule O.)	<del></del>
4d		1
A-	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 927,585.	
<u>4e</u>	Total program service expenses ▶ 927,585.	Form <b>990</b> (2019)

Form 990 (2019)

Part IV Checklist of Required Schedules

BBDIMO 56-6034739 Page 3

			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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<u></u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
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 donor-restricted endowments			
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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		Х
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	<u> </u>
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
_	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		ŀ	
40-	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	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	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more 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	<del> </del>	<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			(2019)

MEDIA FOUNDATION Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u></u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Ì		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	į		
	Schedule K If "No," go to line 25a	24a	l I	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<del></del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>—</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		T.,	Щ.
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable	1		l
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Del the grand protection countries to work the countries of t	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	x	
	(gambling) winnings to prize winners?	1c		(2019)

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	- Catalonia riogarang cara maga ana cara cara cara cara cara cara cara			
			Yes	No_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
_	filed for the calendar year ending with or within the year covered by this return  2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		X
3a	ů ,	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		x
	If "Yes," enter the name of the foreign country	4a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 50		
O.	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Uu		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			١.
	sponsoring organization have excess business holdings at any time during the year?	8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		-	_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders  11a			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them)  Section 4047(aV4) non-exampte charitable trusted is the organization filing Form 990 in liquid Form 10412	400	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	12a		$\vdash$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
u	Note: See the instructions for additional information the organization must report on Schedule O	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
•	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<del></del>		
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2019)

# UNC HUSSMAN SCHOOL OF JOURNALISM AND

Form 990 (2019)

MEDIA FOUNDATION

<u>56-6034739</u>

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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	1a	22	2		1
	If there are material differences in voting rights among members of the governing body, or if the governing			1		l i
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		'
-	officer, director, trustee, or key employee?	<b>P</b>	any outs.	2		X.
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	et supervision	<b>—</b>		<del></del> -
J	of officers, directors, trustees, or key employees to a management company or other person?		or supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	4	х	<del></del>
5	Did the organization become aware during the year of a significant diversion of the organization's as		.0 111001	5	1	х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	nnoint	one or	_		
	more members of the governing body?	рроли	01.0 01	7a	Ì	х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders or	/ a		
-	persons other than the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,000	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hv th	e following:			<del>                                     </del>
а	The governing body?	an Dy II	o .onoming.	8a	$\bar{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?			8b	X	$\vdash$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	hada	at the	00	- 41	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	ici icu	at the	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	Code )	1 5	L	
	the members of the section of the members of the me	<u> </u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hanter	s affiliates	100		<b></b> -
_	and branches to ensure their operations are consistent with the organization's exempt purposes?		-, aa.o.,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	lv befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	······ <b>3</b> ········			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")					
	in Schedule O how this was done	,		12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	dependent			,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	- '	X
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its i	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	•	•	1		·
	exempt status with respect to such arrangements?			16b		ļ
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 (1024 or 1024 A, if applicable), 990, a	nd 99	O-T (Section 501(c)(	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			•		
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		•	nd finar	ncial	
	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 bo	oks ar	nd records			_
	MARK RICHARDSON - 919-962-1204					
	CARROLL HALL, UNC, CHAPEL HILL, NC 27599					
					000	

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Form 990 (2019)

MEDIA FOUNDATION

<u>56-6034739</u>

Page 7

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

  See instructions for the order in which to list the persons above

(A)	(B)			((	<b>)</b>			(D)	(E)	(F)
Name and title	Average	(do		Posi		i than	one	Reportable	Reportable	Estimated
	hours per					ıs bot or/trus		compensation	compensation	amount of
	week (list any	ē						from the	from related organizations	other compensation
	hours for	direc				20		organization	(W-2/1099-MISC)	from the
	related	tee or	nstee			ensate		(W-2/1099-MISC)		organization
	organizations	l trus	naltı		loyee	d a				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			organizations
	line)	르	≅	₽	Æ	울등	호			
(1) SHAILENDRA GHORPADE	1.00								_	
BOARDMEMBER	1 00	X				┞	<u> </u>	0.	0.	0
(2) CAROLINE WELCH	1.00					İ	ŀ		_	
BOARDMEMBER	1 00	X	_			<u> </u>	<u> </u>	0.	0.	0
(3) JAMIE JACOBSON	1.00	<b>-</b> ₋								
BOARDMEMBER	1 00	X	<u> </u>			┝-	_	0.	0.	0_
(4) KIMBERLY MOORE	1.00									
BOARDMEMBER	1 00	X		_		-		0.	0.	0
(5) DAVID SOUSA	1.00	<b>.</b>								
BOARDMEMBER	1 00	X			<u> </u>	┢	_	0.	0.	0
(6) ALAN MARKS	1.00									_
BOARDMEMBER	1 00	X	_			⊨	ļ	0.	0.	0
(7) LINDA RIZK	1.00	<b>∤</b>					ŀ			_
BOARDMEMBER	1 00	X		-			<del> </del>	0.	0.	0
(8) J. WALKER SMITH	1.00	٠,		ŀ						_
BOARDMEMBER	1 00	X		_				0.	0.	0
(9) PAIGE ZINN	1.00	٠,							_	_
BOARDMEMBER	1 00	X	_	_		$\vdash$	-	0.	0.	0
(10) CHARLES BROADWELL	1.00	٠,							_	_
BOARDMEMBER	1 00	X	-		<u> </u>			0.	0.	0
(11) CAROLINE BEASLEY	1.00	<b>.</b>						0.	0.	_
BOARDMEMBER	1 00	X	┢		$\vdash$		_	U .	U •	0
(12) ZACHARY CLAYTON	1.00	X				İ		0.	0.	0
BOARDMEMBER	1 00	^			$\vdash$		-	0.		
(13) D. JORDAN WHICHARD III	1.00	₹.							0.	0
BOARDMEMBER	1 00	X	├	_	-	+	-	0.		. 0
(14) CATHERINE REUHL BECKER	1.00								0.	_
BOARDMEMBER	1 00	X				<del> </del>		0.	<u> </u>	. 0
(15) R. LEE BURROWS JR.	1.00	X						0.	0.	0
BOARDMEMBER	1 00	^				+	$\vdash$			
(16) DONNA CURTIS MCCLATCHEY	1.00	X						0.	0.	0
BOARDMEMBER	1.00	^		-	-	-	l -	ļ		<del> </del>
(17) GREG JOHNSON	1.00	X						0.	0.	0
BOARDMEMBER	,I	14	Ь	Ь					<u> </u>	Form <b>990</b> (2019

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	(A)	(B)			•	<b>)</b>			(D)	(E)		(F	)
	Name and title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable		Estima	
		hours per week					is boti or/trus		compensation from	compensation from related		amou oth	
		(list any	ctor						the	organizations		compen	
		hours for	Individual trustee or director				ated		organization	(W-2/1099-MISC	)	from	
		related organizations	ustee	Institutional trustee		يو	suadı		(W-2/1099-MISC)			organiz	
		below	Jual tr	tonal		ploye	st com yee	_				and re organiz	
		line)	Individ	Institu	Officer	Key en	Highest compensated employee	<b>F</b> ormer				organiz.	21.01.0
(18)	JOHN HOOD	1.00											
	DMEMBER		X						0.		0.		0.
(19)	RACHEL DAVIS MERSEY	1.00					1						
PRES	IDENT		X	_	X		ļ		0.		0.		0.
(20)	FORD WORTHY	1.00									,		^
	PRESIDENT	1 00	X	<u> </u>	X				0.		0.		0.
	MARK HARDEN	1.00	x		х				0.		٥.		0.
	SURER	18.00	^		Λ				0.	<u>'</u>	٠.		<u> </u>
	SUSAN KING ETARY	10.00	x		X				0.	ı	٥.		0.
2001							ļ	 					
						ŀ							
						[							
				_		_	<u> </u>						
			ļ										
					<u> </u>	<u> </u>	<u> </u>	Ļ	0.		0.		0.
	Subtotal	VIII Caatiaa A							0.		0.		0.
	Total from continuation sheets to Par Total (add lines 1b and 1c)	rt VII, Section A							0.		0.		0.
2	Total (add lines 1b and 1c)  Total number of individuals (including b	ut not limited to th	nose	liste	ed al	hove	e) w	no ri			<u> </u>		
_	compensation from the organization		.000				٠,			,000 00p0000			0
												Ye	s No
3	Did the organization list any former office	cer, director, trust	ee, I	cey e	empl	loye	e, or	hıg	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J	for such individual										3	X
4	For any individual listed on line 1a, is th	•		-						he organization			
	and related organizations greater than											4	X_
5	Did any person listed on line 1a receive	•				-		elat	ed organization or indivi	dual for services		_ ·	
	rendered to the organization? If "Yes," tion B. Independent Contractors	complete Schedul	<u>e J 1</u>	or s	ucn	pers	son		·····			5	<u> </u>
1	Complete this table for your five highes	t compensated in	den	ande	nt c	onte	racto	ore t	hat received more than	\$100 000 of comp	ene	ation from	······································
•	the organization. Report compensation	•	-								00		
	(A)								(B)			(C)	
	Name and busin		N	INC	3				Description of s	ervices	С	ompensa	tion
									<del></del>				
		<del></del>	-					$\dashv$	<del></del>				-
								7					
	Total number of independent contractor	ors (including but n	ot li	mıte	d to	tho	se lis	stec	l above) who received m	ore than			
2													

Form 990 (2019) MEDIA F
Part VIII Statement of Revenue

MEDIA FOUNDATION

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	4	_	Federated campaigns 1a					000110110 012 014
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b	<del></del>				
ع ق			Fundraising events 1c					
if A			Related organizations 1d					
<u>a</u> . E			Government grants (contributions) 1e					
Sig			All other contributions, gifts, grants, and					
漢		•		349,419.				
		_	Noncash contributions included in lines 1a-1f	367,278.				
Sal		_	Total. Add lines 1a-1f	<u>5077270</u>	2,349,419.			
		··	Totali rice into ta ri	Business Code				
ا به	2 :	а						
Š		b						
Program Service Revenue		C						
eve eve		d						
P. P.		e						
<u>4</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f	<u> </u>				
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)	<b>•</b>	81,632.			81,632.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties	<b></b>				
			(ı) Real	(II) Personal				·
	6	-	Gross rents 6a					
			Less rental expenses 6b					
			Rental income or (loss) 6c		.==			,
			Net rental income or (loss)	(v) Other				
	7	а	Gross amount from sales of (i) Securities	(II) Other				
		_	assets other than inventory 7a 14,035.					
		b	Less: cost or other basis					
ther Revenue		_	and sales expenses  Gain or (loss)  7b 13,639.  7c 396.		<u> </u>			
ě			Gain or (loss) 7c 396.  Net gain or (loss)		396.			396.
ia l			Gross income from fundraising events (not		330.			330.
퉏	0	a	including \$ of					
			contributions reported on line 1c) See					
			Part IV, line 18					
	i	b	Less direct expenses 8b					
		С	Net income or (loss) from fundraising events	<b></b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					,
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<u> </u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a		-			
			Less cost of goods sold 10b					
-		С	Net income or (loss) from sales of inventory					<del></del>
S <sub>D</sub>			OMILID TYCOM	Business Code	1 000			1 000
e e			OTHER INCOME	900099	1,822.			1,822.
lar ven		b		<del></del>	-			-
Miscellaneous Revenue		C	All other revenue			-		
Ξ		_	All other revenue	L	1,822.		<u> </u>	
	12	e	Total. Add lines 11a-11d  Total revenue See instructions	<u> </u>	2,433,269.	0.	0.	83,850.
	12		TOTAL TEACHER OF HISH ROHOHS					<del></del>

Form 990 (2019) MEDIA FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	·	
	not 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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	906,085.	906,085.		
2	Grants and other assistance to domestic				•
	individuals See Part IV, line 22	21,500.	21,500.		
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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management				
b	Legal				<del>"</del>
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		<del> · - ·</del>		
T	Investment management fees	-			
g	Other (If line 11g amount exceeds 10% of line 25,	20,235.		20,235.	
40	column (A) amount, list line 11g expenses on Sch 0.)	20,233.		20,233.	
12	Advertising and promotion	14,414.			14,414.
13	Office expenses Information technology				<u> </u>
14 15	Royalties				
16	Occupancy				
17	Travel	19,513.			19,513.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,514.			29,514.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,208.		1,208.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACT SERVICES	33,852.			33,852.
b		,			
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,046,321.	927,585.	21,443.	97,293.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

rai	t X	Balance Sheet				
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		6,638,387.	2	9,530,019.
	3	Pledges and grants receivable, net		8,302,562.	3	6,669,813.
	4	Accounts receivable, net		10,433.	4	130,466.
	5	Loans and other receivables from any current or fo	rmer officer, director,			
		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualified	d persons (as defined			
		under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
ış İ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	0a			
	b	Less: accumulated depreciation	Ob		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 11	22,408,550.	12	22,700,023.	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	61,100.	15	38,600.	
	16	Total assets. Add lines 1 through 15 (must equal I	ine 33)	37,421,032.	16	39,068,921.
	17	Accounts payable and accrued expenses	31,000.	17	7,572.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
- 1	21	Escrow or custodial account liability Complete Pai	t IV of Schedule D		21	
ý	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substan				_
abi		controlled entity or family member of any of these			22	
	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 1				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		31,000.	26	7,572.
		Organizations that follow FASB ASC 958, check	here ▶ X	-		
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		5,782,952.	27	5,773,340.
Ba	28	Net assets with donor restrictions		31,607,080.	28	33,288,009.
<u> </u>		Organizations that do not follow FASB ASC 958	, check here 🕨 🔲			
<u>ار</u> ا		and complete lines 29 through 33.				, ,
200	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equip	oment fund		30	
Asi	31	Retained earnings, endowment, accumulated inco		"	31	
اسب	32	Total net assets or fund balances		37,390,032.	32	39,061,349.
او	32					

Pai	TEXT 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	2,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,04		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,38	<u> 36,9</u>	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,39	<u>}0,0</u>	32.
5	Net unrealized gains (losses) on investments	5	3.	<u>12,7</u>	<u>49.</u>
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 on Schedule O)	9	-:	28,3	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	39,06	51,3	49.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_   _		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			[ 1
	separate basis, consolidated basis, or both		U		, '
	Separate basis Consolidated basis Both consolidated and separate basis		: بـنا	٠ .	
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 separar	e basis,			
	consolidated basis, or both.		ŀ	· •	. ]
	X Separate basis Consolidated basis Both consolidated and separate basis		ــــــــــــــــــــــــــــــــــــــ		السيا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O		,	, 1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Forr	n <b>990</b>	(2019)

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

2019

Open to Public Inspection

Name of the organization UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA FOUNDATION

Employer identification number 56-6034739

Pa	Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions								
The	organ	zation is not a private found	ation because it is (	For lines 1 through 12, o	heck only	one box)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A riospital of a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
7		city, and state	a.i.o., opolaioa .ii oo.	njanionom mini a moopita		555115		,	
_		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	ed by a g	overnmental unit describ	od in	
5	ш			nege or university owner	o opera	led by a g	overnmental unit describ	eu III	
		section 170(b)(1)(A)(iv). (C					4.		
6	님	A federal, state, or local gov	•				• •		
7	LX	An organization that normal		ntial part of its support t	rom a gov	ernmentai	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (Co	•						
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)				
9	$\Box$	An agricultural research org			•			=	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or	
		university							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from	
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See :	section 50	09(a)(4).		
12		An organization organized a	•		-			purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (	509(a)(2)	See section 509(a)(3).	heck the box in	
		lines 12a through 12d that	_	, ,, ,					
а		Type I. A supporting orga	• •				<del>-</del>	aivina	
-		the supported organization	· ·	•					
		organization You must c		• • • •	z majomy v	or tho dire-		apporting	
		Type II. A supporting org			tion with it	e cupport	ad organization(s), by ba	vina	
b			•					_	
		control or management o			ame perso	ons mai co	ontrol or manage the sup	ported	
	_	organization(s) You mus	•					مالس، الم	
С		☐ Type III functionally inte	•				• •	ea witn,	
	_	its supported organization		•	•		-		
d							• • • •	• •	
		that is not functionally int	•					veness	
		requirement (see instructi	ions). <b>You must co</b> n	nplete Part IV, Sections	s A and D,	and Part	V.		
е		□ Check this box if the organic	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation			
f	Ente	er the number of supported o	organizations						
g		ride the following information			L Gut in the case	ninibaa Batad			
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
		<u> </u>							
Tota	 ıl								

56-6034739 Page 2 Schedule A (Form 990 or 990-EZ) 2019 MEDIA FOUNDATION 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	2070505.	953,151.	1010472.	12698512.	2349419.	19082059.
2	Tax revenues levied for the organ-	·					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	432,486.	446,027.	462,478.	473,302.		
4	Total. Add lines 1 through 3	2502991.	1399178.		13171814.	2783401.	21330334.
	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)				•		9455040.
6	Public support. Subtract line 5 from line 4						11875294.
	ction B. Total Support					··	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2502991.	1399178.		13171814.	2783401.	21330334.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,463.	17,540.	37,367.	91,187.	81,632.	233,189.
Q	Net income from unrelated business						•
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)	2,749.	784.	1,207.	4,895.	1,822.	11,457.
11	Total support. Add lines 7 through 10	27.23		-			21574980.
	Gross receipts from related activities,	etc. (see instruction	nns)		<u> </u>	12	<u>,</u>
	First five years. If the Form 990 is for			d. fourth, or fifth t	ax vear as a sectio		_
	organization, check this box and stor		, ,,, o,, o,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	<b>-,</b> . <b></b>	,		ightharpoons
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (	ine 6. column (f) di	ivided by line 11, o	column (f))		14	55.04 %
	Public support percentage from 2018	, ,,	•	```		15	51.30 %
	33 1/3% support test - 2019. If the o			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					·	<b>▶</b> X
ŀ	33 1/3% support test - 2018. If the c		-		d line 15 is 33 1/3%	or more, check t	
_	and stop here. The organization qual					,	ightharpoons
17:	10% -facts-and-circumstances tes	•	• •		e 13, 16a. or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes	-				17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				ns 🕨 🗔
	ato roundation il tito organizatio						or 990-EZ) 2019

Part III	Support	Schedu	le for	Orga	nizations	Described i	n Sec	tion 509	(a)(2
					A FOUN				
			Į	UNC	HUSSMA	N SCHOOL	OF	JOURI	IAL.

	(Complete only if you checked qualify under the tests listed by			-			
Sec	tion A. Public Support		<b></b>		·		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Toțal
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
	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					1	
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				1		
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and			† <i>– j</i>			
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6) tion B. Total Support			<u> </u>			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>/(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		,				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include,gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support (Add lines 9, 10¢, 11, and 12)	r the engage of the city	o first seemed at	rd fourth and fell t	N NOOT 00 5 2251		Lation
	First five years. If the Form 990 is fo	r the organization	s iirst, second, thi	ra, τουπη, or tiπh t	ax year as a section	ou ועכ ווכ (כ) organiz	ation,
	check this box and stop here	lie Support De	roontogo			<del></del> ·	
	tion C. Computation of Publ					TI	
	Public support percentage for 2019 (		•	column (f))		15	
	Public support percentage from 2018					16	
	tion D. Computation of Inve					<del> </del>	
	Investment income percentage for 20			line 13, column (f))		17	
	Investment income percentage from					18	
	33 1/3%/support tests - 2019. If the	-					7 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶∟
	33 1/3% support tests - 2018. If the	-					and
	line/18 is not more than 33 1/3%, che	eck this box and st	t <b>op here.</b> The orga	anızatıon qualifies a	as a publicly supp	orted organization	▶⊑
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b></b>
	3/09-25-19			· <del></del>		edule A (Form 990	

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#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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 )

		res	NO,
	 1	<del></del> -	
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	3c	•	,
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	4b		ه سدم
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	4c		-
	5a	-	
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	9a	-	-
	 9b		-
	9c	-	'
	10a	•	1
	10b	-	- •
rm Q	90 or 99	10-F7	2019

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			(
	below, the governing body of a supported organization?	11a		•
	A family member of a person described in (a) above?	11b		_
	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		
	ion B. Type I Supporting Organizations			
<u> </u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			'
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ĺ		
	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	1		4
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	· · · · · · · · · · · · · · · · · · ·		
	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			١ ،
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			٠ ا
	supervised, or controlled the supporting organization.	2		L
Seci	tion C. Type II Supporting Organizations		1,,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	İ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			,
_	the supported organization(s)	11		
Sect	tion D. All Type III Supporting Organizations	-		
		<del></del>	Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided? *	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sect</u>	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 yea(see instruction	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	s <u>).</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	1.		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		l	
	activities but for the organization's involvement	2b_	<u>L</u>	
3	Parent of Supported Organizations Answer (a) and (b) below.			
_	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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	edule A (Form 990 or 990-EZ) 2019 MEDIA FOUNDATION			56-603 <b>47</b> 39 Page 6
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	complete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	_	
Sect	ion B - Mınimum 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)			
а	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		
e	Discount claimed for blockage or other	į		1
	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-function	ally integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 MEDIA FOUNDATION

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<del></del>
Secti	on D	- Distributions			Current Year
1	Amou	unts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou				
	orgar				
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amou	unts paid to acquire exempt-use assets			
5	Qual	fied set-aside amounts (prior IRS approval required)			
6	Other	r distributions (describe in Part VI) See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distri	butions to attentive supported organizations to which th	ne organization is responsive	e	
	(prov	ide details in Part VI) See instructions			
9	Dıstrı	butable amount for 2019 from Section C, line 6			
10	Line 8	8 amount divided by line 9 amount	<del></del>		
Secti	on E -	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Dıştrı	butable amount for 2019 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2019 (reason-			
	able	cause required- explain in Part VI) See instructions			
3	Exce	ss distributions carryover, if any, to 2019			
a	From	2014			
b	From	2015			
c	From	2016		***************************************	
d	From	2017	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
е	From	2018			
f_	Total	of lines 3a through e			
g	Appli	ed to underdistributions of prior years			
h	Appli	ed to 2019 distributable amount			
i	Carry	vover from 2014 not applied (see instructions)			
i_	Rema	ainder Subtract lines 3g, 3h, and 3i from 3f			
4	Dıstrı	butions for 2019 from Section D,			
	line 7	·\$			
a	Appli	ed to underdistributions of prior years			
b	Appli	ed to 2019 distributable amount			
		ainder Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2 For result greater			
		zero, explain in Part VI. See instructions			
6		aining underdistributions for 2019. Subtract lines 3h			
		1b from line 1 For result greater than zero, explain in			
		VI See instructions.			
7	Exce	ess distributions carryover to 2020. Add lines 3			
8		kdown of line 7	<u> </u>		
		ss from 2015			
		ss from 2016			
		ss from 2017	·		
		ss from 2018			
		ss from 2019			
					·

Schedule A (Form 990 or 990-EZ) 2019

## UNC HUSSMAN SCHOOL OF JOURNALISM AND

Schedule A (Form 990 or 990-EZ)	2019 MEDIA FOUNDATION	56-6034739 Page 8
Part IV, Section A, III	nformation. Provide the explanations required by Part II, line 10, Part II, line 17a ones 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines on D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part 1, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional section in the section E, lines 2, 5, and 6 Also complete this part for any additional section in the section E.	1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OTHER INCOME		
2015 AMOUNT: \$	2,749.	
2016 AMOUNT: \$	784.	
2017 AMOUNT: \$	1,207.	
2018 AMOUNT: \$	4,895.	
2019 AMOUNT: \$	1,822.	
	<u> </u>	
	•	

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

UNC HUSSMAN SCHOOL OF JOURNALISM AND Name of the organization MEDIA FOUNDATION

**Employer identification number** 56-6034739

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (for example, recreated	ation or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	` '	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.	nandling of violations, and enforcing cor	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of waletons, and enforcing consent	ation accompate divine the vices
7	S	ding of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	7/b)/4)/B)/i)
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	<del></del>
J	balance sheet, and include, if applicable, the text of the foot	·	
	organization's accounting for conservation easements	Total to the organization of manifest states.	The state deposit per state
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forn	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

26

932051 10-02-19

Schedule D (Form 990) 2019

c Leasehold improvements

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

d Equipmente Other

Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			·-
(3) Other		<del></del>	
(A) UNC INVESTMENT FUND, LLC	22,700,023.	END-OF-YEAR MARKET	VALUE
(B)			<u>.</u>
(C)			•
(D)			· -
(E)			
(F)			<del> </del>
(G)		-	
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	22,700,023.		· ·-
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			4.6
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)		<del></del>	
<u>(5)</u>			
			<del></del>
(7) (8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15 )	<b>_</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability	<del></del>		(b) Book value
(1) Federal income taxes	<del>_</del>		
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
<u>(4)</u>			
<u>(5)</u>			<del> </del>
<u>(6)</u>			<del>                                     </del>
<u>(7)</u>			
(8)			<u> </u>
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements	that reports the
organization's liability for uncertain tax positions under		_	

932053 10-02-19

Schedule D (Form 990) 2019

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE 5,880.

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

(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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2019	Open to Public
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► Go to www.irs.gov/Form990 for the latest information.

Schedule I (Form 990) (2019) **≗** □ **Employer identification number** OR USE BY THE SCHOOL FOR 56-6034739 ACULTY, STAFF SUPPORT SCHOLARSHIPS, STUDENT, (h) Purpose of grant or assistance X Yes AND OTHER USES. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash 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. (d) Amount of cash grant 906,085, UNC HUSSMAN SCHOOL OF JOURNALISM AND Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 56-6001393 General Information on Grants and Assistance MEDIA FOUNDATION (p) EIN criteria used to award the grants or assistance? JOURNALISM - CARROLL HALL, CB 3365 1 (a) Name and address of organization UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL HUSSMAN SCHOOL OF - CHAPEL HILL, NC 275993365 or government Name of the organization Part 1 Part II

Page 2

56-6034739

MEDIA FOUNDATION Schedule I (Form 990) (2019)

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

(a) Tune of great or accidence	(h) Nimbor of		And to touch the	Cottonion of water	(4) Description of property assistance
(a) Type of grant of assistance	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	(1) Description of noncast assistance
AWARDS TO STUDENTS AND FACULTY	110	21,500,	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	le 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
MANAGEMENT AT THE UNC HUSSMAN SCHOOL OF	_	URNALISM A	ND MEDIA F	JOURNALISM AND MEDIA FOUNDATION AND	
THE RELATED HUSSMAN SCHOOL OF JOURNALISM AND MEDIA AT UNC IS IN CHARGE OF	RNALISM A	ND MEDIA A	T UNC IS I	N CHARGE OF	
APPROVING AND MAINTAINING SUPPORTING DOCUMENTATION OF GRANT REQUESTS AND	ING DOCUM	ENTATION O	F GRANT RE	QUESTS AND	
DISBURSEMENTS.			ļ		

932102 10-26-19

# SCHEDULE M (Form 990)

**Noncash Contributions** 

2019

20 19

Open to Public

Department of the Treasury

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

MEDIA FOUNDATION

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

UNC HUSSMAN SCHOOL OF JOURNALISM AND

Employer identification number 56-6034739

Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if amounts reported on contributions or noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes Intellectual property 8 349,238.FAIR VALUE X 9 Securities - Publicly traded Securities - Closely held stock 10 Securities · Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other Other 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II LHA Schedule M (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932141 09-27-19

## UNC HUSSMAN SCHOOL OF JOURNALISM AND

Schedule M	(Form 990) 2019 MEDIA FOUNDATION	<u> 56-6034739</u>	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a cothis part for any additional information	33, and whether the organiz mbination of both Also con	ation iplete
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		<u></u>	
932142 09-27-	19	Schedule M (Form	990) 201

#### **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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA FOUNDATION

Employer identification number 56-6034739

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOUNDATION'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 FOUNDATION CHANGED THEIR NAME TO THE UNC HUSSMAN SCHOOL OF JOURNALISM
AND MEDIA FOUNDATION. DOCUMENTATION IS ATTACHED.
FORM 990, PART VI, SECTION B, LINE 11B:
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
TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS.
LHA For Panaryuark Paduation Act Notice and the Instructions for Form 900 or 900-F7 Schedule O (Form 900 or 900-F7) (2019)

932211 09-06-19

Name of the organization UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA FOUNDATION	Employer identification number 56-6034739
FORM 990, PART VI, SECTION C, LINE 19:	<u> </u>
UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN SPLIT INTEREST AGREEMENTS	-22,500.
BAD DEBT EXPENSE	-5,880.
TOTAL TO FORM 990, PART XI, LINE 9	-28,380.
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION'S AUDIT COMMITTEE ASSUMES OVERSIGHT OF T	HE AUDIT OF THE
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AC	COUNTANT. THERE
HAS BEEN NO CHANGE TO THIS PROCESS.	
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# NORTH CAROLINA:

# **Department of the Secretary of State**

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

## ARTICLES OF AMENDMENT

**OF** 

(THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH)
(CAROLINA, INC.)
(WHICH CHANGED FIS NAME TO)

(UNCHUSSMANISCHOOL OF JOURNALISM AND MEDIA FOUNDATION

the original of which was filed in this office on the 10th day of February, 2020.





Scan to verify online.

Elaine J. Marshall

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of February, 2020.

Document Id: C202002900185 Verify this certificate online at http://www.sosnc.gov/verification

SOSID: 0130093
Date Filed: 2/10/2020 11:20:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C2020 029 00185

# ARTICLES OF AMENDMENT OF

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

Pursuant to Section 55A-10-05 of the General Statutes of North Carolina, the undersigned nonprofit corporation hereby submits the following for the purpose of amending its articles of incorporation:

- 1. The current name of the corporation is THE SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA, INC.
- 2. The text of each amendment adopted is as follows:
  - a. ARTICLE I of the corporation's articles of incorporation is hereby amended to read in its entirety:

### "ARTICLE I

## Name of Corporation

The name of the Corporation is UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA FOUNDATION."

- b. The first sentence of ARTICLE IV of the corporation's articles of incorporation is replaced in its entirety with the following:
  - "The corporation is organized exclusively for charitable, educational, and scientific purposes which are for the benefit of the UNC HUSSMAN SCHOOL OF JOURNALISM AND MEDIA (the "School")."
- 3. These amendments were duly adopted by unanimous written consent of the corporation's board of directors effective December 5, 2019. Member approval was not required because the corporation has no members.
- 4. These articles of amendment will be effective upon filing.

This the **28** day of January, 2020.

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

Bv:

Name: Susan King

Title: Secretary