Return of Organization Exempt from Income Tax

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

OMB No 1545 0047

Open to Public

Inter	nai Re	venue Service	► The o	rganization i	may have to	use a cop	by of this i	eturn to s	atisfy s	state re	porting	requiren	nents	Inspe	ection
\overline{A}	For t	he 2002 calen	dar year,	or tax year b	eginning	16014		, 2002	, and er	nding				,	
В		if applicable		C Name of or								D Emp	loyer Ide	ntification Num	ber
	ПА	ddress change	Please use IRS label	NORTH C	AROLINI	ANS FOR	R HOME	EDUCAT	TION			56	-162	4186	
	N	ame change	or print or type	Number st	reet (or PO be	ox if mail is no	ot delivered to	street addr)	Room	n/suite		E Tele	phone n	umber	
	l tr	utral return	See specific	4326 BL	AND ROAL	0						(9	19)	790-110)
	F	nal return	instruc- tions	City town				Sta	te ZIP c	ode + 4		F Acce	ounting rod	X Cash	Accrual
	$\square_{^{\wedge}}$	mended return		RALEIGH				NO	276	609				specify) -	
	\prod_{Λ}	pplication pending	Section	on 501(c)(3)	organizatio	ns and 49	47(a)(1) no	nexempt	1	H and I a	re not appli	icable to se		7 organizations	
	_		chant	table trusts r	must attach	a comple	ted Sched	ule A		H (a) 19	this a gro	up return fo	or affiliati	es ⁷ Y	es X No
_			(Form	1 990 or 990-	EZ)				ŀ	H (b) ii	Yes ente	er number o	of affiliate	es ►	_
<u>G</u>	Web	site 🟲							₁	H (c) A	kre all affili	ates includ	ed?	□ Y	es No
J		nization type		(C)				_	ı l	(II No atta	ich a list S	ee instru	ictions)	
		ck only one)	<u> </u>	X 501(c)		(insert no)	4947(a)		527 I	H (d) is	this a sep	arate retur	n filed by	, an	
K		k here ► 🔲 i									-	covered b	-		es X No
	φ∠ວ, recel	000 The orgai ived a Form 99	nization ne 90 Packag	e in the mail	i return with I, it should f	ile a returi	out it the to	inancial d	lata	j E	nter 4 d	ligit GEN	1	>	
	Som	e states requi	re a comp	lete return						M C	heck •	X if the	e organiz	zation is not rec	Juired
	Gros	s receipts Add	d lines 6b.	8b. 9b. and	10b to line	12 ► 382	2.494							0, 990 EZ, or 99	
Pa				ses, and (Fund E	Balanc	:es (S	ee Instru	uctions)		_	
	1	Contributions		•						'			[
	a	Direct public		-,					1a		16	,014			
		Indirect publi							1 b				1 1		
	ı	Government		ons (grants)					1 c				1 1		
	d	Total (add lines la through 1c) (d		(3 ,	nc	ncash \$							1 1 1		16,014
	2 Program service revenue including government fees and contracts (from Part VII, line 93)											2		57,242	
	3 Membership dues and assessments										3		11 277		
	4 Interest on savings and temporary cash investments											4		2,181	
	5 Dividends and interest from securities 6a Gross rents 6a										5				
	b Less rental expenses c Net rental income or (loss) (subtract line 6b from line 6a)														
										6c					
R	7)	7						
REVENUE		Gross amoun	t from cal	ec of accete	other		(A) Seci	urities			(B) Othe	er		_	-
È	04	than inventor		C3 UI 033CIS	Ottici		•		8a				1		
Ü	ь	Less cost or	other bas	is and sales	expenses				8 b]		
_	c	Gain or (loss) (a	ttach schedul	le)					8c						
	d	Net gain or (l	oss) (com	ibine line 8c,	columns (A	(B)))						8 d		
	9	Special even	ts and act	ivities (attacl	h schedule)										
	a	Gross revenu	ie (not incl	luding \$ _		0	of cont	ributions							
		reported on Is	ine 1a)						9a		185	, 780]		
	Ь	Less direct e	expenses o	other than fu	ndraising ex	penses	•		9ь			, 425			
	c	Net income of	or (loss) fro	om special e	vents (subti	act line 9t	from line	9a)		Se	e L-9	Stmt	9c	1	<u>l1,355</u>
	10a	Gross sales of	of inventor	y, less returi	ns and allov	vances			10 a]		
	Ь	Less cost of	goods sol	d					10Ь] [
	С	Gross profit or (1	oss) from sa	les of inventory	(attach schedu	le) (subtract	line 10b from	n line 10a)					10 c		
	11	Other revenu	e (from Pa	art VII, line 1	03)								11		
	12	Total revenue	e (add line	s 1d, 2, 3, 4	, 5, 6c, 7, 8	d, 9c, 10c	, and 11)		***	3.5	75	1	12		08 <u>,</u> 069
E	13	Program serv						R	ECE	:IVE	<u>u</u> ,,	1	13		38,904
EXPENSES	14	Management				r (C))		1			9	刨	14	1	<u>56,777</u>
E	15	Fundraising (AM 2	Y 2	0 20	יו זכוח	11	15		0
Š	16	Payments to	affiliates (attach sched	dule)			\₩, m#	11 <i>4</i>	y Zu	18	외	16		
	17	Total expens	es (add lii	nes 16 and 4	4, column (A))		<u> </u>	A 151			<u></u>	17		15,681
Ą	18	Excess or (de							GDE	: [<u>7</u>],	Ų I	لـ	18		37,612
NET	19	Net assets or		=				и ћич (А)) -					19	1	<u>40,828 </u>
ŦĘ	20	Other change				-							20		
S	21	Not accete or	fund hala	nees at and	of year (co	mhine line	c 19 10 ·	200 Dag					1 21 1	1 (12 216

Page 2

Part II.	Statement of Functional Expenses	All organizations must complete column (A) Columns (B), (C), and (D) are
	required for section 501(c)(3) and (4) organize	rations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch)					
(cash \$					
non-cash \$)	22				
23 Specific assistance to individuals (att sch) 24 Benefits paid to or for members (att sch)	23 24	· · · · · · · · · · · · · · · · · · ·			
25 Compensation of officers, directors, etc	25	33,600	16,800	16,800	0
26 Other salaries and wages	26	63,107	31,553	31,554	0
27 Pension plan contributions	27				
28 Other employee benefits	28	3,663	1,831	1,832	0
29 Payroll taxes	29	8,675	4,337	4,338	0
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	4,876	0	4,876	0
34 Telephone	34				
35 Postage and shipping	35	18,917	18,000	917	0
36 Occupancy	36	15,688	0	15,688	0
37 Equipment rental and maintenance	37	11,778	.0	11,778	0
38 Printing and publications	38	4,776	4,776	0	0
39 Travel	39			_	
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	5,226	0	5,226	0_
43 Other expenses not covered above (itemize)			1		
a Board of Directors Expenses	43 a	33,905	0	33,905	0
b_Contractors	43b	29,986	14,993	14,993	0
c Debate Tournament Expenses	43 c	3,381	3,381	0	0
d Newsletter Publication Expenses	43 d	35,321	35,321	0	0
e See Other Expenses Stmt	43e	72,782	57,912	14,870	0
44 Total functional expenses (add lines 22 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	345,681	188,904	156,777	0
Joint Costs Check I if you are following	SOP 9	18-2			
Are any joint costs from a combined education					► Yes X No
f 'Yes,' enter (i) the aggregate amount of these				mount allocated to prog	
	ocated	to management and ge	eneral \$, and (iv) th	e amount allocated
to fundraising \$					 ·
Part III Statement of Program Serv					Program Service Expenses
What is the organization's primary exempt purp All organizations must describe their exempt pi clients served, publications issued, etc. Discuss zations and 4947(a)(1) nonexempt charitable t			tion to families of Homer stand concise manner standard to the concise manner standard to the control of the co		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a Generate newsletters and n					
members of north Carolinia					
items keep members abreast	t of	resources avai	lable to home-		
			d allocations \$	27,273)	35,321
b schools and homeschoolers				·	
					
		(Grants and	d allocations \$	0)	0
с		(Grants are	- directions -		
<u> </u>					
		(Grants and	d allocations \$)	
d		72,4110 0110			
			- 		
		(Grants and	d allocations \$)	
e Other program services			allocations \$)	
f Total of Program Service Expenses (sho	uld ea	<u> </u>	 	▶	35,321

Part IV Balance Sheets (See Instructions)

Not		/here required, attached schedules and amounts within plumn should be for end of-year amounts only	the description	(A) Beginning of year		(B) End of year
	45	Cash - non interest-bearing		23,094	45	16,287
	46	Savings and temporary cash investments		104,670	46	82,626
	47	'a Accounts receivable	47 a			
		b Less allowance for doubtful accounts	47b		47 c	
	45	a Pledges receivable	48a			
		b Less allowance for doubtful accounts	48b		48 c	
	49				49	
A S S E T	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	у		50	
E	51	a Other notes & loans receivable (attach sch)	51 a			
5		b Less allowance for doubtful accounts	51 b		51 c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule)	► Cost FMV		54	
	55	a Investments – land, buildings, & equipment basis	55a 30,551			
		b Less accumulated depreciation (attach schedule) L-55 Stmt	55b 8,492	13,064	55 c	22,059
	56	Investments – other (attach schedule)			56	
	57	a Land, buildings, and equipment basis	57 a			
		b Less accumulated depreciation (attach schedule)	57b		57 c	
	58	Other assets (describe •)		58	
	59	Total assets (add lines 45 through 58) (must equal li	ne 74)	140,828	59	120,972
i	60	Accounts payable and accrued expenses	<u> </u>		60	1,125
ŀ	61	Grants payable]		61	
LIAB	62	Deferred revenue			62	
Ī	63	Loans from officers, directors, trustees, and key employees (attach	schedule)		63	
	64	a Tax exempt bond liabilities (attach schedule)		· · · · · · · · · · · · · · · · · · ·	64a	
E		b Mortgages and other notes payable (attach schedule)			64Ь	
S		Other liabilities (describe	,		65	
		Total liabilities (add lines 60 through 65)		0	66	1,125
ĕ	Orga		d complete lines 67			
T	C7	through 69 and lines 73 and 74				
Ş	67 69		}		67	
o-mon≽	68 69		<u> </u>		68	
		Permanently restricted not follow SFAS 117, check here	X and complete lines		69	· - · - · - · - · · · · · · · · · · · ·
Q R	Jiya	70 through 74	☑ and combiere mires			
ត្ត	70			70 _		
D	71	Paid in or capital surplus, or land, building, and equi	pment fund		71	
₹	72	Retained earnings, endowment, accumulated income	, or other funds	140,828	72	119,847
WHOZDEDE DZCH	73	Total net assets or fund balances (add lines 67 throa72, column (A) must equal line 19, column (B) must	ugh 69 or lines 70 through equal line 21)	140,828	73	119,847
3	74	Total liabilities and net assets/fund balances (add li	· · · · · · · · · · · · · · · · · · ·	140,828	74	120,972

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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		NS FOR HOME EDUCA	_		56-16		
Pai	Reconciliation of Reveni Financial Statements with per Return (See Instruction	th Revenue	Pa	rt IV-B Reconcilia Financial per Returi	Statements with	es 1 Ex	per Audited kpenses
a	Total revenue, gains, and other support per audited financial statements	N/A	a	Total expenses and losses per audited financial statements			N/A
ь	Amounts included on line a but not on line 12, Form 990		ь	Amounts included or on line 17, Form 990			-
(1)	Net unrealized gains on investments \$		(1) Donated serv ices and use of facilities \$ 1 \$ 2 \$ 3 \$ 3 \$ 3 \$ 3 \$ 4 \$ 5 \$ 5 \$ 5 \$ 5 \$ 6 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7 \$ 7	<u> </u>		
(2)	Donated serv rices and use of facilities \$		C	2) Prior year adjust ments reported on line 20, Form 990 \$			
(3)	Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$			
(4)	Other (specify)		(4	4) Other (specify)			
	Add amounts on lines (1) through (4)	ь		Add amounts on lines (1)	through (4)	ь	
С	Line a minus line b	С	c	Line a minus line b	Linough (4)	C	
d	Amounts included on line 12, Form 990 but not on line a		d	Amounts included or Form 990 but not on	n line 17, line a*		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1	i) Investment expenses not included on line 6b. Form 990			
(2)	Other (specify)		(2	2) Other (specify)			
	_{\$}			s			
	Add amounts on lines (1) and (2)	<u>d</u>		Add amounts on line	es (1) and (2)	ď	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	e	Total expenses per l 990 (line c plus line		e	
Par	t V List of Officers, Directors,			oyees (List each one	e even if not comper	nsat	ed, see instructions)
	(A) Name and address	(B) Title and average ho per week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t [(E) Expense account and other allowances
	BIE LANCASTER LAKE WOOODARD DRIVE RALEIGH NC 27604	7					_
TEE	FREY TOWNSEND	EXECUTIVE DIRECTOR/40+ HOU	40	33,600		0	0
	IVIA, NC	_					
		PRESIDENT	10	0		0	0_
	YOUNG						
<u> 2617</u>	THFIELD, NC	ADMINISTRATIVE VICE PRESID	10	0		0	0
LOI	S PINKERTON	ADMINISTRATIVE VICE I RESTO	-		-	_	<u> </u>
KER	NERSVILLE, NC]		_			
VIC	KIE WOODBURY	SECRETARY	10	0_	-	0	0
	THPORT, NC	1					
	-	TREASURER	10	0		0	0
		1					
		1	- 1				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If Yes, attach schedule - see instructions

	Ш	Y	е	S
--	---	---	---	---

X No

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Form	1990 (2002) NORTH CAROLINIANS FOR HOME EDUCATION	56-1624186_		Page 5
Par	t VI Other Information (See instructions)		Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		x
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	-	X
78 a	i Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	this return? 78	a	l x
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	78		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes,' attach a statement	79		x
80 a	Is the organization related (other than by association with a statewide or nationwide organization) throug membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	n common 80	a	<u>x</u>
Ь	olf Yes,' enter the name of the organization and check whether it is exempt or	nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	0		
b	Did the organization file Form 1120-POL for this year?	81	ь	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charg substantially less than fair rental value?	e or at 82	a	x_
t	of 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption application			↓
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83		├
	Did the organization solicit any contributions or gifts that were not tax deductible?	. 84	a X	┼
ь	If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	Ы X	
85	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	85		
	Did the organization make only in house lobbying expenditures of \$2,000 or less?	85	ь	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organizate waiver for proxy tax owed for the prior year	on received a		
c	Dues, assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures 85d			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			Ì
	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85		
_	-		9	+-
	if section 6033(eX1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 501(c)(7) organizations Enter a Initiation fees and capital contributions included on	85	<u> </u>	
•••	line 12			
ь	Gross receipts, included on line 12, for public use of club facilities 86b			
	501(c)(12) organizations Enter a Gross income from members or shareholders 87a			
E	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 30 If 'Yes,' complete Part IX	or partnership, 01 7701 32		×
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ►	0		
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction from a prior year? If 'Yes,' attack explaining each transaction.	ansaction a statement	<u> </u>	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		0_
	Enter Amount of tax on line 89c, above, reimbursed by the organization	-		0_
	List the states with which a copy of this return is filed NORTH CAROLINA		រា – –	
	Number of employees employed in the pay period that includes March 12 2002 (See instructions) The books are in care of ► DICKSON & WARREN, CPA_LLP Telephone number ►	90 919) 782-900		4
		IP + 4 ► 27612 _		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax exempt interest received or accrued during the tax year	► 92		ٔ ا
BAA			m 990	(2002)

		7	15				
Note Enter gross amounts unless		business income	† 	ection 512, 513, or 514	─ (- /		
otherwise indicated	(A)	(B)	(C) Exclusion code	(D)	Related or exempt		
	Business code	Amount	Exclusion code	Amount	function income		
93 Program service revenue	433000	4 015					
a <u>Graduation Ceremony</u>	422000	4,015	03				
b Advertising	422000	27, 273	03				
C Other Miscellaneous Sources of Funds	422000	867	03				
d PARKING	422000	1,475	03				
 See Program Service Revenue Stmt 		33,612					
f Medicare/Medicaid payments							
g Fees & contracts from government agencies							
94 Membership dues and assessments		<u> </u>					
95 Interest on savings & temporary cash invmnts							
96 Dividends & interest from securities							
97 Net rental income or (loss) from real estate							
a debt financed property		···					
b not debt financed property							
98 Net rental income or (loss) from pers prop							
99 Other investment income							
100 Gain or (loss) from sales of assets							
other than inventory							
101 Net income or (loss) from special events							
102 Gross profit or (loss) from sales of inventory							
103 Other revenue a					<u> </u>		
ь							
<u> </u>							
d							
e							
104 Subtotal (add columns (B), (D), and (E))		67,242		<u> </u>	67.343		
105 Total (add line 104, columns (B), (D),		·		<u> </u>	67,242		
105 Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equ	al the amount	on line 12, Part I		<u> </u>	67,242		
105 Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equart VIII Relationship of Activities to	al the amount	on line 12, Part I	empt Purpose	es (See instructions)	67,242		
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal art VIII Relationship of Activities to Line No Explain how each activity for which	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equal relationship of Activities to	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal art VIII Relationship of Activities to Line No Explain how each activity for which	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal art VIII Relationship of Activities to Line No Explain how each activity for which	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal art VIII Relationship of Activities to Line No Explain how each activity for which	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Line No Explain how each activity for which	al the amount the Accor h income is re	on line 12, Part I nplishment of Exe	f Part VII contrib	outed importantly to the			
105 Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for which of the organization's exempt purpose.	o the Accor h income is re oses (other that	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for	f Part VII contrib or such purpose	outed importantly to the s)	accomplishment		
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for which of the organization's exempt purpose. Part IX Information Regarding Tax	al the amount to the Accor h income is re uses (other that	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds fo	f Part VII contrib or such purpose	outed importantly to the s)	accomplishment N/A		
Total (add line 104, columns (B), (D), note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the purpose of the Activity for whice of the organization activity for whice organization activity for whice organization activity for whice of the organization activity for whice organizat	able Subsice (B)	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds fo	f Part VII contrib or such purposes arded Entitie	es (See instructions)	accomplishment N/A (E)		
Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization of the Activity for whice of the organization's exempt purpose the organization of the o	able Subsice (B)	on line 12, Part I mplishment of Exe ported in column (E) o in by providing funds for diaries and Disreg (C) of Nature of	f Part VII contrib or such purposes arded Entitie	es (See instructions) (D) Total	N/A (E) End-of year		
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Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization representation and the part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity	able Subsice (B) Percentage ownership int	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C of erest % % % %	f Part VII contrib or such purposes arded Entitie) activities	es (See instructions) (D) Total income	N/A (E) End-of year assets		
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for which of the organization's exempt purpose the organization representation of the organization representation. Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity.	able Subsice (B) Percentage ownership int	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C of erest % % % % % cociated with Person	f Part VII contrib or such purposes arded Entitie activities	S (See instructions) (D) Total income	N/A (E) End-of year assets		
Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Train a Did the organization, during the year, receive any furnity of the partnership of the	able Subsites ownership into the According to the Accordi	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C of erest % % % % % % column (E) o Nature of execute of the second of the se	arded Entities activities paral Benefit Ca a personal benefit ca	S (See instructions) (D) Total income Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No		
105 Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for which of the organization's exempt purpose the organization representation of the organization representation. Part IX Information Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity.	able Subsites ownership into the According to the Accordi	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C of erest % % % % % % column (E) o Nature of execute of the second of the se	arded Entities activities paral Benefit Ca a personal benefit ca	S (See instructions) (D) Total income Contracts (See instructions)	N/A (E) End-of year assets		
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Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Train a Did the organization, during the year, receive any further body the organization, during the year, partnership, partnership, or the organization, during the year, partnership, but the organization, during the year, partnership, or the firms 8870 and Forms 8	able Subsider Subside	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C) of Nature of erest % % % % Clated with Perso directly, to pay premiums on irectly or indirectly, on instructions)	arded Entities arded Entities activities apersonal benefit coapersonal	S (See instructions) (D) Total income Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No Yes X No		
Total (add line 104, columns (B), (D), note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Tra a Did the organization, during the year, receive any furb b Did the organization, during the year, partnership, partnership, or disregarding Tra a Did the organization, during the year, partnership, partnership, or disregarding Tra a Did the organization, during the year, partnership, partnership, or disregarding Tra a Did the organization, during the year, partnership, partnership, partnership, during the year, partnership, or disregarding Tra	able Subsider Subside	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C) of Nature of erest % % % % Clated with Perso directly, to pay premiums on irectly or indirectly, on instructions)	arded Entities arded Entities activities apersonal benefit coapersonal	S (See instructions) (D) Total income Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No Yes X No		
Total (add line 104, columns (B), (D), Note Line 105 plus line 1d, Part I, should equal Part VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Train a Did the organization, during the year, receive any further body the organization, during the year, partnership, partnership, or the organization, during the year, partnership, but the organization, during the year, partnership, or the firms 8870 and Forms 8	able Subsider Subside	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C) of Nature of erest % % % % Clated with Perso directly, to pay premiums on irectly or indirectly, on instructions)	arded Entities arded Entities activities apersonal benefit coapersonal	contracts (See instructions) Contracts (See instructions) Contracts (See instructions) Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No Yes X No		
Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Train a Did the organization, during the year, receive any furb Did the organization, during the year, partnership is to (b), file Form 8870 and Form 887	able Subsider Subside	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg of Nature of erest % % % % Octated with Perso directly, to pay premiums on irectly or indirectly, on instructions) eturn including accompanying officer) is based on all informa-	arded Entitle arded Entitle activities activities apersonal benefit of a personal be	contracts (See instructions) Contracts (See instructions) Contracts (See instructions) Contracts (See instructions) Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No Yes X No		
Total (add line 104, columns (B), (D), lote Line 105 plus line 1d, Part I, should equivart VIII Relationship of Activities to Explain how each activity for whice of the organization's exempt purpose the organization Regarding Tax (A) Name, address, and EIN of corporation, partnership, or disregarded entity Part X Information Regarding Train a Did the organization, during the year, receive any furb Did the organization, during the year, partnership is to (b), file Form 8870 and Form 887	able Subsider Subside	on line 12, Part I mplishment of Exe ported in column (E) o an by providing funds for diaries and Disreg (C) of Nature of erest % % % % Clated with Perso directly, to pay premiums on irectly or indirectly, on instructions)	arded Entitle arded Entitle activities activities apersonal benefit of a personal be	contracts (See instructions) Contracts (See instructions) Contracts (See instructions) Contracts (See instructions)	N/A (E) End-of year assets ctions) Yes X No Yes X No		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

2002

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number 56-1624186 NORTH CAROLINIANS FOR HOME EDUCATION Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (c) Compensation (b) Title and average (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances Total number of other employees paid over \$50,000 None Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services None

Sche	dule	A (Form 990 or 990 EZ) 2002	NORTH	CAROLINIANS	FOR HOME	<u>EDUCATI</u>	ON 56-162418	36	F	age 2
Par	t III	Statements About Activ	itıes (Se	e instructions)					Yes	No
1	Du to	ring the year, has the organization a influence public opinion on a legislat	ttempted ive matte	to influence nation or or referendum? If	al, state, or lo	ocal legislation the total exper	i, including any attempt ises paid			
	or	incurred in connection with the lobby	ing activi	ities 🟲 💲			0			
	(M	ust equal amounts on line 38, Part \	/I A, or lir	ne i of Part VIB)				1		X
	org	ganizations that made an election ur ganizations checking 'Yes,' must com bying activities	ider section oplete Par	on 501(h) by filing l rt VI-B AND attach	Form 5768 m a statement (ust complete F giving a detaile	Part VI A Other ed description of the			
2	sul tax	ring the year, has the organization, obstantial contributors, trustees, directable organization with which any subsections? (If the answer to any questiciary?	tors, offici ch person	ers, creators, key e n is affiliated as an	imployees, or officer, direct	members of to or, trustee, ma	heir families, or with any ajority owner, or principal			
a	Sa	le, exchange, or leasing of property?	•					2a		X
t	Lei	nding of money or other extension of	credit?					2b		х
ď	; Fu	rnishing of goods, services, or faciliti	es?					2c		X
c	l Pa	yment of compensation (or payment	or reimbi	ursement of expens	ses if more th	an \$1,000)?		2d		x
€	Tra	ansfer of any part of its income or as	sets?					2 e		х
3	Do	es the organization make grants for	scholarsh	nips, fellowships, st	udent loans,	etc? (See Note	e below)	3	X	
4		you have a section 403(b) annuity p	-					4		X
Note gran	At ts o	tach a statement to explain how the r loans from it in furtherance of its ci	organizat haritable j	tion determines tha programs 'qualify' t	t individuals o o receive pay	or organization iments	s receiving			_
Par	t I\	Reason for Non-Private	Founda	ation Status (Se	e instructions)				
The	orga	inization is not a private foundation t	oecause if	t is (Please check	only ONE app	olicable box)	•			
5	L	A church, convention of churches, (or associa	ation of churches S	Section 170(b))(1)(A)(i)				
6	L	A school Section 170(b)(1)(A)(ii)	•	•						
7		A hospital or a cooperative hospital		-						
8		A Federal, state, or local governme	nt or gove	ernmental unit. Sec	ction 1 70(b)(1)(A)(v)				
9	L	A medical research organization of	erated in	conjunction with a	hospital Sec	tion 170(b)(1)	(A)(III) Enter the hospital's	s name	city,	ı
	_	and state >							 -	
10		An organization operated for the be (Also complete the Support Sched)	enefit of a ule in Par	rt IV A)	ty owned or o	operated by a	governmental unit Section	170(b))(1)(A))(iv)
11 a	<u> </u>	An organization that normally receil Section 170(b)(1)(A)(vi) (Also com	ves a sub plete the	stantial part of its s Support Schedule	support from in Part IV A	a governmenta)	al unit or from the general	public		
11 b		A community trust Section 170(b)(1)(A)(vı)	(Also complete the	Support Sch	nedule in Part	IV A)			
12		An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ble, etc, fi unrelated	unctions — subject i business taxable i	to certain exi ncome (less	ceptions, and (section 511 tax	(2) no more than 33-1/3% (x) from businesses acquire	of its su	apport	ıpts
13		An organization that is not controlled described in (1) lines 5 through 12 section 509(a)(3))	ed by any above, or	disqualified persor r (2) section 501(c)	ns (other than (4), (5), or (6	foundation ma), if they meet	anagers) and supports orgathe test of section 509(a)(anızatıc 2) (Se	ons e	
		Provide t	he follow	ing information abo	ut the suppor	ted organizatio	ons (See instructions)		_	
			(a) Nan	me(s) of supported	organization((s)		(b) Lii fror	ne nur n abo	
			-							
			-							
					· ·=·					
						<u> </u>				
14		An organization organized and ope	rated to te	est for public safety	Section 509	9(a)(4) (See ir	nstructions)			

Page 3

	Support Scriedule (unting
Note	You may use the worksheet in the	<u>ie instructions for conv</u> T	erting from the accri	ual to the cash metho T	od of accounting	Γ
begi	ndar year (or fiscal year nning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received (Do not include					
	unusual grants See line 28)	25,05 <u>5</u>	51,392	39,769	103,155	219,371
16	Membership fees received	111,610			ļ	111,610
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	92,211	87,135	92,077	157,272	428,695
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organ ization after June 30, 1975	5,207	9,943	3,580	17,081	35,811
19	Net income from unrelated business activities not included in line 18	64,695				64,695
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0				0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0				0
22	Other income Attach a					
	schedule Do not include gain or (loss) from sale of capital assets	83,716	39,769	16,373	18,159	158,017
23	Total of lines 15 through 22	382,494	188, 239	151,799	295,667	1,018,199
24	Line 23 minus line 17	290,283	101,104	59,722	138,395	589,504
25	Enter 1% of line 23	3,825	1,882_	1,518	2,957	
26	Organizations described on line:	s 10 or 11: a Ente	er 2% of amount in c	olumn (e), line 24	► 26a	11,790
b	Prepare a list for your records to show the supported organization) whose total gifts f return Enter the total of all these excess	for 1998 through 2001 exceed	buted by each person (oth ed the amount shown in li	er than a governmental uni ne 26a Do not file this lis	t or publicly it with your	
c	: Total support for section 509(a)(1	I) test. Enter line 24, c	olumn (e)		► 26c	589,504
	Add Amounts from column (e) for	•	35,811	19 64,	695	
		22	158,017	26b	▶ 26d	258, 523
e	Public support (line 26c minus lin	ne 26d total)		'	▶ 26e	330,981
f	Public support percentage (line)	26e (numerator) divide	ed by line 26c (deno	minator))	► 26f	56 15 %
a	Organizations described on line For amounts included in lines 15, name of, and total amounts receisuch amounts for each year (2001)	, 16, and 17 that were weed in each year from,	, each 'disqualified p (1999)	erson ' Do not file th	is list with your retur	n. Enter the sum of
	For any amount included in line 1 show the name of, and amount ro \$5,000 (Include in the list organi computing the difference between (the excess amounts) for each year.	eceived for each year, izations described in lir in the amount received ear	that was more than nes 5 through 11, as and the larger amou	the larger of (1) the a well as individuals) int described in (1) or	amount on line 25 for Do not file this list wi (2), enter the sum of	the year or (2) th your return After these differences
	(2001)	(2000)	(1999)_		(1998) .	
c	(2001) Add Amounts from column (e) for 17 Add Line 27a total	or lines 15		16	 ▶ 27.0	I
_	1/	20	d line 27h total	41	<u>2/C</u> ► 27.4	
C	Public august (tipe 27s tats)	and	d line 270 total		270	
	Public support (line 27c total min		rom line 23 california	(e) ► 27f	2/6	
	Total support for section 509(a)(2	=				%
_	Public support percentage (line :			• • • • • • • • • • • • • • • • • • • •	279	
	Investment income percentage (iiile 15, column (e) (nu	imerator) divided by	inie 271 (denominato	or)) ► 27 h	<u> </u>

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
		1		
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	22.	i	
		32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
•	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32 c		
	a copies of all material access by the organization of office school contributions	<u> </u>		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			
			j	
33	Does the organization discriminate by race in any way with respect to		l	
	Students' rights or privileges?	33a	ļ	
•	Totalents hights of privileges.	354		
ŀ	Admissions policies?	33 b		
	Employment of fearth, as administrative staff?] [
•	: Employment of faculty or administrative staff?	33 c		
•	Scholarships or other financial assistance?	33 d		
	Edward and and ana		[
•	Educational policies?	33 e		
f	Use of facilities?	33 f		
ç	Athletic programs?	33 g		
H	Other extracurricular activities?	33 h		
	If you arrays and 'Vool to any of the obeye along and any of the second and any of the country along the second and any of the obeye.			
	If you answered 'Yes' to any of the above, please explain (if you need more space, attach a separate statement)		ļ	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a	-	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of			
	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		
AA	TEEA0404 01/24/03 Schedule A (Form 990	-	0-EZ)	2002

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)

		(To be completed ONLY by a	n eligible organization tl	hat filed Form 57	768)				
Che	ck ► a	if the organization belongs	to an affiliated group	Check ► b	П	ıf you ch	ecke	ed 'a' and 'limited cont	rol' provisions apply
		Limits on Lo	bbying Expenditu					(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grass	roots lobbying)			6		0
37	Total lo	bbying expenditures to influen	ce a legislative body (di		7		0		
38	Total lo	bbying expenditures (add lines	36 and 37)	_3	8		0		
39	Other e	xempt purpose expenditures			19		0		
40	Total exempt purpose expenditures (add lines 38 and 39)								0
41	Lobbyin	g nontaxable amount. Enter the	ne amount from the follo	owing table -				-	
	If the ar	nount on line 40 is —	The lobbying nont	taxable amount	ıs –	.			
	Not ove	r \$500,000	20% of the amoun	it on line 40		$\neg \mid$			
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of t	the excess over \$500,	000	1 1			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of t	the excess over \$1,00	0,000)	11		0
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of th	e excess over \$1,500	,000				
	Over \$1	7,000,000	\$1,000,000		_	_J			
42	Grassro	ots nontaxable amount (enter	25% of line 41)			L	2		00
43	Subtrac	t line 42 from line 36 Enter 0	- if line 42 is more than	n line 36		4	3		. 0
44	Subtrac	t line 41 from line 38 Enter 0	- if line 41 is more than	i line 38		4	4		0
	Caution	If there is an amount on eith	er line 43 or line 44, yo	ou must file Form	1 47.	20		-	

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50)

		- 		,							
		Lobbying Expenditures During 4 -Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total					
45	Lobbying nontaxable amount										
46	Lobbying ceiling amount (150% of line 45(e))										
47	Total lobbying expenditures										
48	Grassroots non taxable amount										
49	Grassroots ceiling amount (150% of line 48(e))										
50	Grassroots lobbying expenditures										

(For reporting only by organizations that did not complete Part VI A) (See instructions)

ding any

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- ${\bf b}$ Paid staff or management (Include compensation in expenses reported on lines ${\bf c}$ through ${\bf h}$)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- I Total lobbying expenditures (add lines c through h)
 - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Schedule A (Form 990 or 990 EZ) 2002

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

	•		rganizations) or in section 527, relati		г	
		ganization t	o a noncharitable exempt organizatio	n of		Yes No
(ı)Ca	ash				51 a (ı)	X
(II)O	ther assets				a (II)	<u> </u>
b Other	transactions					
(i) \$8	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)	<u> </u>
(ii) Pt	urchases of assets from a	a noncharita	ble exempt organization		b (II)	X
(m)Re	ental of facilities, equipm	ent, or other	assets		b (iii)	X
(iv)Re	eimbursement arrangeme	ents			b (iv)	<u>X</u>
(v)Lo	oans or loan guarantees				b (v)	X
		r membershi	p or fundraising solicitations		b (vi)	X
c Sharir	ng of facilities, equipment	t. mailing lis	ts, other assets, or paid employees		С	X
d If the	answer to any of the abo	ve is 'Yes,'	complete the following schedule Colu	ımn (b) should always show the fair m	arket value	of
the go	ods, other assets, or ser ansaction or sharing arra	vices given i Indement, st	by the reporting organization, if the one of the go	umn (b) should always show the fair m rganization received less than fair mai ods, other assets, or services received	ket value li	11
(a)	(b)		(c)	(d)		
Line no	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arran	gements
			. <u></u>			
		-	• • • • • • • • • • • • • • • • • • • •			
	<u> </u>					
_	* -			<u> </u>		
				<u> </u>		
					_	
		-				
	<u> </u>					
		1				.
			·			
						
						
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
52a Is the	organization directly or it	ndirectly affi	liated with, or related to, one or more her than section 501(c)(3)) or in sect	tax_exempt organizations	<u>. </u>	□
			her than section 501(c)(3)) or in sect	ion 5277	Yes	X No
b If Yes	s,' complete the following	schedule				
	(a) Name of organization		(b) Type of organization	(c) Description of relation	nshin	
			Type of organization			
				<u> </u>		
	<u> </u>					
	·					
			-			
						
	<u> </u>	<u> </u>				

Form 4562

Depreciation and Amortization (Including Information on Listed Property) See separate instructions

OMB No. 1545 0172

2002

Department of the Treasury internal Revenue Service Name(s) shown on return

Attach to your tax return.

67

NORTH CAROLINIANS FOR HOME EDUCATION

Identifying number 56-1624186

Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Tangible Property Under Section 179** Note. If you have any listed property, complete Part V before you complete Part I 1 \$24,000 1 Maximum amount. See instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) \$200,000 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter .0 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions 5 6 (C) Elected cost (a) Description of property (b) Cost (business use only) 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12 Note. Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election (see instructions) 16 Other depreciation (including ACRS) (see instructions) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 5,226 17 MACRS deductions for assets placed in service in tax years beginning before 2002 17 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System (C) Basis for depreciation (b) Month and (g) Depreciation (a) (e) Convention (business/investment use Classification of property year placed in service Recovery period deduction only - see instructions) 19a 3 year property b 5-year property c 7 year property d 10-year property e 15 year property f 20-year property S/L 25 yrs g 25-year property 27 5 yrs S/L h Residential rental MM property 27 5 yrs MM S/L S/L i Nonresidential real 39 yrs MM property MM S/L Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L 12 yrs b 12-year S/L c 40 year 40 yrs MM Part IV Summary (see instructions) 21 Listed property Enter amount from line 28 21

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines

of your return Partnerships and S corporations - see instructions

the portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year, enter

23

5,226

Forn	n 4562 (2002)	NO	RTH CAROL	INIAN	S FOR	HOME	EDUC	CATI	ON				56-16	24186	5	Page 2
Pai	rt V Listed	d Property (nclude automo	biles, ce	rtain oth	er vehic	cles, cel	lular	telephon	es, c	ertain d	compu	ters, and	d proper	ty used	for
	enterta Note. F	unment, recreat For any vehicle ns (a) through (tion, or amuse for which you	ment) are using	g the star	ndard n	nileage	rate d	or deduci	ing le	ease ex	kpense	, compl	ete only	24a, 2	4b,
24	a Do you have evidence	on A — Deprec				aution	Yes		No 24b					ioones j	Yes	ΠNo
240	(a)	(b)	(c)	(d	_	l	(e)	- 	(f)	1 163	, 13 the ((h)	'ı -	(I)
Ту	rpe of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost other b	or	(busine	or deprecia ess/investri ise only)	alion nent	Recove		Meth Conve	nod/	Depr	eciation luction	Sect	lected tion 179 cost
25	Special deprectused more than	ation allowance	for qualified !	isted pro use (see	perty pla	iced in :	service	durin	g the tax	year	and	25				-
26	Property used n						ctions)									· <u>-</u>
					•											
	-															
						,										
27	Property used 5	0% or less in a	qualified busi	ness use	(see ins	truction	is)	Т								
										-+					\dashv	
	-	_													\dashv	
28	Add amounts in	column (h), lın	es 25 through	27 Ente	r here ar	nd on lii	ne 21. p	age	l	1	•	28			7	
	Add amounts in		_				,	-3-						29	 	
		•			B – Info		on Use	of V	ehicles							_
	plete this section															hicles
to yo	our employees, fu	rst answer the o	questions in S	ection C	to see if	you me	et an e	xcept		mple			on for ti	nose vel		
30	Total business/i	(do not include		1 -	a) icle 1	-	cle 2	<u></u>	(c) 'ehicle 3	_	(d) Vehicl		Vehi	e) cle 5		f) icle 6
21	miles – see ins	•								+				-		
31 32	Total commuting mi Total other pers miles driven		-							+-						
33	Total miles drive lines 30 through	en during the ye	ear Add				_						-			•
	_			Yes	No	Yes	No	Ye	s No	\	res 💮	No	Yes	No	Yes	No
34	Was the vehicle during off-duty be		ersonal use													
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?				_									
36	ls another vehic personal use?															
			C – Questions	_	_					_						
Ansv 5% (wer these question owners or related	ns to determine persons (see i	e if you meet a nstructions)	an except	tion to co	mpletir	ng Secti	on B	for vehic	les u	sed by	emplo	yees wh	o are n		than
37	Do you maintain by your employe		y statement th	at prohib	oits all pe	ersonal	use of v	ehicl	es, inclu	ding	commu	iting,			Yes	No
38	Do you maintain employees? See	n a written polic e instructions fo	y statement the or vehicles use	at prohited by corp	oits perso porate of	nal use ficers, o	of veh	icles, s, or 1	except of	omm	uting, wners	by you	ır			
39	Do you treat all	use of vehicles	by employees	s as pers	onal use	7										<u> </u>
40	Do you provide i	more than five tain the informa	vehicles to you	ur emplo	yees, obt	aın ınfo	rmation	from	your en	nploy	ees ab	out the	use of	the		
41	Do you meet the Note. If your an											es				
Pai	rt VI Amor	tızation														
	Desc	(a) cription of costs		Date an	(b) nortization igins		(C) Amortizab amount	le		(d) Code section		Amor	(e) rtization riod or rentage		(f) mortization or this year	
42	Amortization of	costs that begin	ns during your	2002 ta	year (s	ee instr	uctions)									
	.					-			1					<u> </u>		

43

44

Amortization of costs that began before your 2002 tax year
 Total. Add amounts in column (f) See instructions for where to report

Form 990, Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ANNUAL CONFERENCE	101,746	0	101,746	66,217	35,529
BOOKFAIR	68,556	0	68,556	8,208	60,348
TAPING CONFERENCE SPEAKERS	15,478	0	15,478	0	15,478
Total	185,780	0	185,780	74,425	111,355

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Library Fund NCHE Merchandise	1,549 6,215	1,549 6,215	<u>0</u>	0
Telephone	6,776	3,388	3,388	0
Mailer Expense	3,451	1,725	1,726	0
Staff Travel	1,031	515	516	0
North Carolina Sales Tax	3,490	1,745	1,745	0
Scholarship Fund Awards	14,500	14,500	0	0
Support Group Expenses	4,844	4,844	0	0
Refunds	810	405	405	0
Miscellaneous	2,669	1,334	1,335	0
Resource Issue	18,707	18,707	0	0
Other Management Expense	3,010	0	3,010	0
Bank Service Charges	2,745	0	2,745	0
Basketball Tournament Expense	2,985	2,985	0	0
Total	72,782	57,912	14,870	0

Form 990, Page 3, Part IV, Lines 55a & 55b Investments - Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Office Equipment	30,551	8,492	22,059
Total	30,551	8,492	22,059

Form 990, Page 6, Part VII, Line 93 **Program Service Revenue Stmt**

	_	Unrelated business income		xcluded by 512, 513, or 514	(E)		
	(A) Business code	(B) Amount	(C) Exclusn code	(D) Amount	Related or exempt function income		
Program service revenue							
Merchandise Sales	422000	6,338	03				
Resource Guide	422000	8,958	03				
Sales Tax Refund	422000	4,418	03				
Scholarship Fund Receipts	422000	11,778	03				
Sports Programs	422000	1,065	03				
Support Group & Leaders Co	422000	1,055	03		l		

Total

33,612

Supporting Statement of.

Sch A, 990 p 3/Line 22-b

Description	Amount
Direct Public Support	39,769
Total	39,769