efile	e GR	RAPHIC p	orint - DO NOT PROCE	SS As Filed Data -			DI	N: 93	8493319105638
	00	20	Return of	Organization E	Exempt Fron	n Incom	ne Tax	10	MB No 1545-0047
Form	32	0), 527, or 4947(a)(1) o	-				2017
2			foundations)					Ĺ	2017
		of the Treasur enue Service		er social security numbers a about Form 990 and its					Open to Public Inspection
A Fo	or th	e 2017 ca	llendar year, or tax year	beginning 01-01-2017	, and ending 12-:	31-2017			
		applicable	C Name of organization NORTH CAROLINIANS FOR H	OME EDUCATIO			D Employe	' identif	fication number
L Add		change nange	56-1624	186					
□ Init		-	Doing business as				_		
		rn/terminated d return	Number and street (or P O b	ox if mail is not delivered to s	treet address) Room/s		E Telephone	number	
		ion pending	4441 SIX FORKS ROAD STE 1				(919) 79	0-1100	
			City or town, state or provinc RALEIGH, NC 276095773	e, country, and ZIP or foreigr	n postal code		G Gross rece	eints \$ 3	93 038
			F Name and address of pr	ncipal officer		H(a) Ist	this a group retu		
			MATTHEW MCDILL PO BOX 30243			sut	ordinates?		🗌 Yes 🗹 No
			RALEIGH, NC 27622				e all subordinate luded?	s	Yes No
I Tax	(-exe	mpt status	☑ 501(c)(3) □ 501(c)() ◀ (insert no) 🛛 494	7(a)(1) or 🛛 527		'No," attach a lis	t (see	instructions)
J W	ebsi	te:► HTT	P //NCHE COM/			H(c) Gro	oup exemption r	umber	►
							1005		
K Form	ו of o	organization	Corporation 🗌 Trust 🗌	Association 📙 Other 🕨			rmation 1985	n State	of legal domicile NC
Pa	rt I	Sumr	nary						
	1	Briefly des	cribe the organization's mis						
се		PROVIDE I	NFORMATION TO FAMILIES	OF HOMESCHOOLED CH	ILDREN				
nan									
ven			s box 🕨 🗌 ıf the organızatı						
GO			sets	9					
×	 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 								9
ties	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)								2
Activities & Governance	6	Total num	ber of volunteers (estimate	if necessary)				6	
AC	7a	Total unre	elated business revenue from	n Part VIII, column (C), l	ine 12			7a	0
	b	Net unrela	ated business taxable incom	e from Form 990-T, line	34		•	7 5	
	-	C					Prior Year		Current Year
ēηι			ons and grants (Part VIII, li service revenue (Part VIII, l				347,39		0 390,710
enueven		-	nt income (Part VIII, columi				1:	_	29
Ä			enue (Part VIII, column (A)				5,33	_	2,299
			enue—add lines 8 through 1		,		352,83		393,038
	13	Grants an	d sımılar amounts paıd (Par	t IX, column (A), lines 1-	-3)			-	0
	14	Benefits p	aid to or for members (Part	: IX, column (A), line 4)					0
£	15	Salaries, o	other compensation, employ	vee benefits (Part IX, colu	ımn (A), lınes 5-10)		51,33	38	57,034
ens	16 a	Professio	nal fundraising fees (Part IX	, column (A), line 11e)					0
Expenses			aising expenses (Part IX, columr						
ш			enses (Part IX, column (A),				266,17	_	289,732
			enses Add lines 13–17 (mu less expenses Subtract line				317,5:		346,766 46,272
× es	19	Revenue	less expenses Subtract line	18 Hold mile 12		Beginnı	35,3: ng of Current Ye	_	End of Year
ancie									
Ass. Bal			ets (Part X, line 16)				271,89		326,158
Net Assets or Fund Balances			lities (Part X, line 26)				1,68	_	3,316
			s or fund balances Subtract	line 21 from line 20			270,2:	.3	322,842
Par Under			a ture Block erjury, I declare that I have	examined this return, inc	luding accompanying	g schedules a	and statements,	and to	the best of my
knowl	edge	and belief	, it is true, correct, and con						
any ki	10 101								
		*****	re of officer				2018-11-15 Date		
Sign						l	Jult		
Here			DICKENS TREASURER						
			nt/Type preparer's name	Preparer's signature	2	Date	rq I p	IN	
Paic	4		HERRI ROSE	SHERRI ROSE		2018-11-15		069577	5
Prep		er 🔄	rm's name 🕨 SHERRI ROSE C	PA PLLC			Fırm's EIN 🕨 47-2		
Use			rm's address ► 8732 UNION GR	OVE CHURCH RD			Phone no (919) 94	19-8483	

For Paperwork R	eduction Act Notice, see the separate instructions.		Cat	No	11	282	Y	Form 990 (2017)
May the IRS discu	ss this return with the preparer shown above? (see instructions)		•				•	
	CHAPEL HILL, NC 27516							

Form	990 (2017)					Page 2						
Par	t IIII Statement	of Program Service	e Accomplis	hments								
	Check If Sche	edule O contains a respo	nse or note to a	any line in this Part III		🗆						
1		organization's mission										
<u>PRO</u> ∖	IDE INFORMATION TO	D FAMILIES OF HOMESC		DREN								
2	Did the organization	undertake any significar	it program ser	vices during the year wi	nich were not listed on							
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No						
		ese new services on Sche										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?					🗌 Yes 🗹 No						
	If "Yes," describe the	ese changes on Schedule	0									
4					largest program services, as measu							
		iue, if any, for each prog			f grants and allocations to others, t	ine total						
		···· , ··· ·· , / ··· ··· ··· ··· ··· ··		F - · ·								
4a	(Code) (Expenses \$	134,191	including grants of \$) (Revenue \$	390,710)						
	See Additional Data											
	-											
4b	(Code) (Expenses \$	127,173	including grants of \$) (Revenue \$)						
	See Additional Data											
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
4d	Other program servi	ces (Describe in Schedul	e O)									
	(Expenses \$	•	ding grants of	\$) (Revenue \$)						
4e	Total program serv	vice expenses b	261,3	64								

Form	990 (2017)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏	10		No
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	Yes	
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		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X \mathfrak{P}	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😒	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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 (see instructions)	17		No
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		No
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		No
		F	orm 99	0 (2017)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i> .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a		No
	<i>IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M \cdot .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $$.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
_		F	orm 99	0 (2017)

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Par	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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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		V.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
L	If "Yes," enter the name of the foreign country	-14		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		50		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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 sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year? \ldots \ldots .	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		0 (2017)

Form **990** (2017)

onn	990 (2017)						Page
Par		rnance, Management, and DisclosureFor each "Yes" response to lines 2 th o, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	ines
	Check	If Schedule O contains a response or note to any line in this Part VI 🔒 🔒					✓
Se	ction A. G	overning Body and Management					
						Yes	No
1a	Enter the nu	mber of voting members of the governing body at the end of the tax year	1a	9			
	body, or if t	material differences in voting rights among members of the governing ne governing body delegated broad authority to an executive committee or nittee, explain in Schedule O					
b	Enter the nu	mber of voting members included in line 1a, above, who are independent	1b	9			
2		er, director, trustee, or key employee have a family relationship or a busines tor, trustee, or key employee?	s rela	tionship with any other	2		No
3		nization delegate control over management duties customarily performed by lirectors or trustees, or key employees to a management company or other p			3		No
4	Did the orga	nization make any significant changes to its governing documents since the p	orior I	Form 990 was filed?	4		No
5	Did the ora	nization become aware during the year of a significant diversion of the organ	izatio	n's assets?	5		No
6	-	nızatıon have members or stockholders?			6		No
	Did the orga	nization have members, stockholders, or other persons who had the power to the governing body?	o elec	t or appoint one or more			No
b	Are any gov	ernance decisions of the organization reserved to (or subject to approval by) er than the governing body?	mem	bers, stockholders, or	76 75		No
8		nızatıon contemporaneously document the meetings held or written actions u	inder	taken during the year by			
а	The governi				8a	Yes	
	-	ttee with authority to act on behalf of the governing body?			8b	Yes	
		officer, director, trustee, or key employee listed in Part VII, Section A, who c	anno	t be reached at the			<u> </u>
	organizatior	's mailing address? If "Yes," provide the names and addresses in Schedule O	•		9		No
Se	ction B. Po	licies (This Section B requests information about policies not requi	red t	y the Internal Revenu	e Code		
10-	Did the eres	nutration have legal chapters, branches, or affiliates?			10a	Yes	No No
	If "Yes," did	nization have local chapters, branches, or affiliates?			10a		
		s to ensure their operations are consistent with the organization's exempt pu	•		TOP		
	form? .	anization provided a complete copy of this Form 990 to all members of its gov	•		11a	Yes	
b	Describe in	Schedule O the process, if any, used by the organization to review this Form S	990				
12a	Did the orga	nızatıon have a written conflict of interest policy? If "No," go to line 13	•		12a	Yes	
b	Were officer conflicts?	s, directors, or trustees, and key employees required to disclose annually inte	erests	that could give rise to	12b	Yes	
С		nization regularly and consistently monitor and enforce compliance with the p how this was done	oolicy	? If "Yes," describe in	12c	Yes	
13	Did the orga	nızatıon have a written whistleblower policy?			13	Yes	
14	Did the orga	nızatıon have a written document retention and destruction policy?			14	Yes	
15	Did the proc persons, coi	ess for determining compensation of the following persons include a review a nparability data, and contemporaneous substantiation of the deliberation and	nd ap decis	proval by independent sion?			
а	The organiz	ation's CEO, Executive Director, or top management official			15a	Yes	
b	Other office	s or key employees of the organization			15b		No
	If "Yes" to li	ne 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the orga	nization invest in, contribute assets to, or participate in a joint venture or sin y during the year?	nılar a	arrangement with a	16a		No
b	If "Yes," did in joint vent	the organization follow a written policy or procedure requiring the organization follow a written policy or procedure requiring the organization arrangements under applicable federal tax law, and take steps to safeguate espect to such arrangements?	ard th		16b		
Se	ction C. Di	sclosure					L
<u> </u>		es with which a copy of this Form 990 is required to be filed					
18	Section 610	4 requires an organization to make its Form 1023 (or 1024 if applicable), 990 public inspection Indicate how you made these available Check all that app	, and	990-T (501(c)(3)s only)			
		ebsite ☐ Another's website ☑ Upon request ☐ Other (explain in Sch	-	a ())			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records NORTH CAROLIANS FOR HOME EDUCATION PO BOX 30243 RALEIGH, NC 27622 (919) 790-1100 20

1			
	Part VI	Governance,	Manage

 \Box

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, u n of tor/t	t ch unle: ficer	ss pers r and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) F SPENCER MASON LAW/POLICY D	5 00	х						36,000	0	0
(2) MATTHEW MCDILL PRESIDENT	1 00	х		x				0	0	0
(3) DEBBIE MASON EVENTS DIREC	1 00	х						0	0	0
(4) DIANE HELFRICH SECRETARY	1 00	х		x				0	0	0
(5) EVELYN BICKLEY ACTIVITIES D	1 00	х						0	0	0
(6) KATHY IANDOLI COMMUNITY RE	1 00	х						0	0	0
(7) AMANDA WARES HOMESCHOOL H	1 00	х						0	0	0
(8) KEVIN MCCLAIN IT DIRECTOR	1 00	х						0	0	0
(9) TANYA DICKENS TREASURER	1 00	x		x				0	0	0
										Form 990 (2017)

Par	t VII Section A. Officers, Direct	ors, Trustees	s, Key l	Emp	loye	es,	and I	Higł	hest Cor	npensate	d Employees ((cont	inued)		
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c ıs b	ne b	ox, u in off tor/ti	t cho Inles ficer	and a	son	Repo compe fror organiz	D) ortable ensation in the ation (W-	(E) Reportable compensatior from related organizations (\ 2/1099-MISC	w-	(F) Estima amount o compens from f organizati	ated f other sation the	
for related organizations below dotted line)						2/1099-MISC		organizati relati organiza	ed						
												+			
												\square			
С	Sub-Total	art VII, Sectio	nA.		•	•				36,000	20.000				
	of reportable compensation from the			e iist	eu ai	0000	=) who	, rec	erved mor	ie than pr	00,000				
3	Did the organization list any former of	officer director	or trust	ee k	ev ei	mple	ovee o	or hu	ahest cor	nnensated	employee on		Yes	No	
-	line 1a? If "Yes," complete Schedule 3			•				•	• •	• • •	• •	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										n the • • • • •	4		No	
5	Did any person listed on line 1a receir services rendered to the organization									tion or indi	vidual for	5		No	
Se	ection B. Independent Contract	ors										<u> </u>			
1	Complete this table for your five high from the organization Report comper											npens	sation		
	Name a	(A) and business addre	955							Desc	(B) ription of services		(C Compen		
												-			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

	000	(2017)	
FOLU	990	(2017)	

Part	VIII	Statement of	Revenue									
		Check ıf Schedul	e O contains	a respo	onse or	note to any	/ line in this Part V (A) Total revenue	R	(B) elated or exempt function	(C) Unrelated business revenue	e>	(D) Revenue kcluded from under sections
	1a F	ederated campaig	ns	1a				1	revenue			512-514
s, Grants Amounts	b Membership dues 1b											
Gra	c Fundraising events											
fts.		lelated organizatio	ns	1d								
ons, Gift Similar	e G	iovernment grants (co	ontributions)	1e								
Sins,	f A	ll other contributions, nd similar amounts n	, gifts, grants, ot included									
Contributions, Gifts, Grants and Other Similar Amounts	a g N	bove loncash contributio n lines 1a-1f \$		1f								
Cont	h To	otal.Add lines 1a-1	.f			•						
	 [Busines	s Code					
คมก	2а со	NFERENCE INCOME						220,701	. 220	,701		
Å.	b GR	ADUATION INCOME						55,151		6,151		
ACE		ORTS PROGRAM INCO	DME			-		45,676		676		
Ser		MBERSHIP DUES]		27,175		,175 ,860		
am								17,147		7,147		
Program Service Revenue		other program se					390,710					
<u> </u>		al.Add lines 2a-2f			•		1					
	simi	estment income (ii lar amounts)		ienas, •	interest,			29				29
		ome from investme		-	ond pro	ceeds l	• [
	5 Roy	alties			•••	Personal	▶ 					
	6a Gr	oss rents	(ı) Rea	1	(11)	Personal	-					
							_					
	b Le	ess rental expenses										
		ental income or oss)					-					
		et rental income o	r (loss)				4					
			(I) Securi) Other						
	7a Gro	oss amount m sales of										
	ass	sets other an inventory										
		ess cost or					-					
	ot	her basis and iles expenses										
		aın or (loss)										
		et gaın or (loss) .				►						
e		oss income from fi ot including \$		ents of								
enu		ntributions reporte e Part IV, line 18		3	ļ							
leve		ss direct expense		.a b			-					
er F		t income or (loss)			ents .	• •						
Other Revenue		oss income from g		les								
0	5e	e Part IV, line 19	• • •	а								
	b Le:	ss direct expense	s	b			-					
	c Ne	t income or (loss)	from gaming	activit	ies .	• •						
		oss sales of invent turns and allowand										
				а	ĺ							
	b Le	ss cost of goods s	old	b								
	<u>c</u> Ne	t income or (loss)		f invent	<u> </u>							
	11а м	Miscellaneous ISCELLANEOUS IN			Busir	ness Code		299	2,299			
		ISCELLANEOUS IN							_,			
	ь—							_				
	с [—]											
	d All	other revenue .										
	e To	tal. Add lines 11a	-11d		• •	•	2,	299				
	12 To	tal revenue. See	Instructions			• •	202		202.000			

Form **990** (2017)

(D)

Form 990 (2017) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 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) . 50,955 50,955 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . 9 Other employee benefits . . 6,079 6,079 10 Payroll taxes . . . 11 Fees for services (non-employees) a Management . . . **b** Legal . 4,613 4.613 c Accounting . . d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees . q Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,009 1,009 12 Advertising and promotion . 13 Office expenses . 33,307 29,334 3,973 . 14 Information technology 15 Royalties . 16 Occupancy 17 Travel . Payments of travel or entertainment expenses for any 18 federal, state, or local public officials . 140,919 140,919 **19** Conferences, conventions, and meetings 20 Interest . . . 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization 951 951 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a ATHLETIC PROGRAMS 42.892 42,892 16,714 16,714 b WEBSITE/DATABASE 16,449 16,449 c GRADUATION EXPENSE

11,902

20,976

346,766

11,902

19,868

261,364

d ACTIVITIES COMMITTEE EXP

25 Total functional expenses. Add lines 1 through 24e 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)

e All other expenses

Form 990 (2017)

0

1,108 85,402 Form 990 (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	• •		130,927	1	326,158
	2	Savings and temporary cash investments .	• •		140,966	2	
	3	Pledges and grants receivable, net	• •			3	
	4	Accounts receivable, net	•			4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	ated er	nployees Complete Part		5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
ssets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use	· _		8		
~	9	Prepaid expenses and deferred charges		. · · _		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	68,279			
	Ь	Less accumulated depreciation	10 b	68,279		10c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line	[13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ			271,893	16	326,158
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		F		20	
ŝ	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ayable		1,680	25	3,316
	26	Total liabilities.Add lines 17 through 25 .		F	1,680	26	3,316
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33			270.040		202.042
ala	27	Unrestricted net assets			270,213	27	322,842
B	28	Temporarily restricted net assets	•	· · · · · · -		28	
Fund	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117	•				
s or	30	check here > and complete lines 30 th Capital stock or trust principal, or current funds	rough			30	
set	31	Paid-in or capital surplus, or land, building or ec	luipme	nt fund		31	
Assets	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Net	33	Total net assets or fund balances			270,213	33	322,842
Z	34	Total liabilities and net assets/fund balances .			271,893	34	326,158
							

Form **990** (2017)

Form	990 (2017)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			393,038
2	Total expenses (must equal Part IX, column (A), line 25)	2			346,766
3	Revenue less expenses Subtract line 2 from line 1	3			46,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			270,213
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			6,357
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			322,842
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗌 Other			Yes	No
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Form 990 (2017)

Additional Data

Software ID: Software Version: EIN: 56-1624186 Name: NORTH CAROLINIANS FOR HOME EDUCATIO

Form 990 (2017)

Form 990, Part III, Line 4a:

GENERATE NEWSLETTERS AND MAILINGS MAILED TO THE MEMBERS OF NORTH CAROLINIANS FOR HOME EDUCATION TO KEEP MEMBERS ABREAST OF RESOURCES AVAILABLE TO HOMESCHOOLS AND HOMESCHOOLERS



CONVENE ANNUAL CONFERENCE OFFERING SEMINARS TO HOMESCHOOL FAMILIES

efile GRAPHIC print - DO N				T PROCESS	As Filed Data -			DLN: 9	3493319105638
	m 99	ULE A 0 or	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o mpt charitable	organization or trust.		2017
-		the Treasury	► Inf	ormation abou	it Schedule A (Form			ictions is at	Open to Public Inspection
Nam	e of th	ne Service ne organiza LINIANS FOR F	tion HOME EDUCATI	0	<u></u>			Employer identifie	ation number
						a much comple	to this part) (56-1624186	
Pa The o					us (All organization: e it is (For lines 1 thro			see instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ive hospital serv	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4			esearch orga and state _		ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organiza		d for the benefi	t of a college or univer	rsity owned or op	erated by a gov	ernmental unit descr	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectic	on 170(b)(1)(A	\)(v).	
7				mally receives (vi). (Complete	a substantial part of it: Part II)	s support from a	governmental u	init or from the gener	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	[)		
9					escribed in 170(b)(1) ee instructions Enter f				lege or university or a
10	V	from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le amplete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its s	
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations o	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or see	tion 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
Ь		manageme	nt of the sup		ervised or controlled ii ation vested in the san and C.				
С					supporting organization ions) You must com				ated with, its
d		functionally	integrated	The organizatio	d. A supporting organi n generally must satist t IV, Sections A and	fy a distribution i	requirement and		
е					ved a written determin integrated supporting		RS that it is a Ty	ире I, ⊤уре II, ⊤уре II	I functionally
f	Enter			d organizations	integrated supporting	organization		_	
g	Provi	de the follow	ing informati	on about the su	pported organization(1
(i) Name of supp organizatior			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organized in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
				·					
Total									

P	Support Schedule for C	Organizations	Described in S	ections 170(b	•)(1)(A)(iv), 17	'O(b)(1)(A)(v	ri), and 170
	(b)(1)(A)(ix)				.		
	(Complete only if you che						ify under Part
	III. If the organization fa	ils to quality un	der the tests lis	ted below, pleas	se complete Part	111.)	
S	ection A. Public Support			1	,		. <u> </u>
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
4	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
T	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support				•		
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) 🕨	(a)2013	(0)2014	(0)2015	(0)2010	(8)2017	
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instructio	ins)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sect	:ion 501(c)(3) org	ganization,
	check this box and stop here					•	7
5	ection C. Computation of Public						
	Public support percentage for 2017 (lin		-	(f)			
						14	
	Public support percentage for 2016 Sch					15	
16 a	33 1/3% support test—2017. If the	organızatıon dıd r	ot check the box	on line 13, and lin	ie 14 is 33 1/3% or	more, check this	
	and stop here. The organization qualif	ies as a publicly s	upported organiza	ation			
b	33 1/3% support test-2016. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	'3% or more, che	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	anization			
172	10%-facts-and-circumstances test				ne 13, 16a, or 16b.	and line 14	
1/a	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	organization						▶□
b 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line						- L	
U	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			2	·	· ·	
1 8	Private foundation. If the organization	n did not check a	box on line 13 1	6a. 16b. 17a or 1	7b, check this box	and see	
10		ala not check a	LEX ON MIC 10/ 1	, 100, 1/0, 01 1	, sy check this box		
	Instructions					. /	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

37,371

37,371

(a) 2013

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(c) 2015

359,321

359,321

(d) 2016

352,723

352,723

(e) 2017

393,009

393,009

(b) 2014

Section A. Public Support Calendar year

(or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants ")
- Gross receipts from admissions, 2 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 business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- The value of services or facilities 5 furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- h 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

9

h

С

11

12

13

10a

Public support. (Subtract line 7c 8 from line 6)

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 6	37,371		359,321	352,723	393,009	1,142,424
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	166	130	113	112	29	550
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b	166	130	113	112	29	550
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, 10c, 11, and 12)	37,537	130	359,434			
First five years. If the Form 990 is for	r the organızatıon'	's first, second, th	nrd, fourth, or fift	h tax year as a se	ection 501(c)(3) oi	rganization,

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,					
	check this box and stop here					
S	ection C. Computation of Public Support Percentage					
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99 950 %			
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	99 880 %			
S	ection D. Computation of Investment Income Percentage					
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %			
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %			
19 a	331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is more than	33 1/3%	, and line 17 is not			
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organizati 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is		an 33 1/3% and line 18 is			
	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported orga	nization				
20	Principal Grand High IS the encourage have deduced as a second second second second second second second second					

37,371

1,105,053

1,142,424

1,142,424

(f) Total

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

Schedule A (Form 990 or 990-EZ) 2017

			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	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					
b	A family member of a person described in (a) above?	11b				
с	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				

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- 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 controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	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		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
		2		
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		

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔲 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🛛 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

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 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) would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's would have engaged in these activities but for the organization's involvement.		
	involvement	2 b	L

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a 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.*
 - **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

3a

Зb

Yes

No

Yes

1

2

No

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 1 tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 4 instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 Recoveries of prior-year distributions 7 8 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 2 Enter 85% of line 1 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)			
Section D - Distributions			Current Year			
 Amounts paid to supported organizations to accomplish 	exempt purposes					
2 Amounts paid to perform activity that directly furthers excess of income from activity	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3 Administrative expenses paid to accomplish exempt pu	ons					
4 Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval require	ed)					
6 Other distributions (describe in Part VI) See instruction	ons					
7 Total annual distributions. Add lines 1 through 6						
 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions 	nich the organization is respon	sive (provide				
9 Distributable amount for 2017 from Section C, line 6						
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
Distributable amount for 2017 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions						
3 Excess distributions carryover, if any, to 2017						
a						
b From 2013						
d From 2015						
e From 2016						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2017 distributable amount						
 Carryover from 2012 not applied (see instructions) 						
j Remainder Subtract lines 3g, 3h, and 3i from 3f						
4 Distributions for 2017 from Section D, line 7						
\$\$						
a Applied to underdistributions of prior years						
b Applied to 2017 distributable amount						
c Remainder Subtract lines 4a and 4b from 4						
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions						
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions						
7 Excess distributions carryover to 2018. Add lines 31 and 4c						
8 Breakdown of line 7						
a Excess from 2013.						
b Excess from 2014						
<u>c</u> Excess from 2015						
d Excess from 2016						
	I	í	1			

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

Software ID: Software Version:

EIN: 56-1624186

Name: NORTH CAROLINIANS FOR HOME EDUCATIO

Schedule A (Form 990 or 990-EZ) 2017

Page **8**

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SC	HEDULE D	Supplemer	ntal Financial Statements		OMB No 1545-0047	
	Porm 990) ► 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. 2					
	email Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u> . Inspe					
	me of the organ RTH CAROLINIANS F	iization OR HOME EDUCATIO		Employer ide	ntification number	
				56-1624186		
Pa		zations Maintaining Donor Advi te if the organization answered "Ye	sed Funds or Other Similar Funds of	r Accounts.		
	comple		(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		ation inform all donors and donor adviso roperty, subject to the organization's ex	rs in writing that the assets held in donor adv clusive legal control?	vised funds are t	he 🗌 Yes 🗌 No	
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds can l or donor advisor, or for any other purpose c		nissible 🗌 Yes 🗌 No	
Pa	rt III Conser	vation Easements. Complete if th	ne organization answered "Yes" on Form	n 990, Part IV,	line 7.	
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that apply)			
	Preservation	on of land for public use (e g , recreation	n or education) 🛛 🗌 Preservation of an	historically impo	rtant land area	
	Protection	of natural habitat	Preservation of a complexity	ertified historic s	tructure	
	Preservation	on of open space				
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation contribution in the form		ion the End of the Year	
а	Total number of	conservation easements		2a		
b	Total acreage re	stricted by conservation easements		2b		
с	Number of conse	ervation easements on a certified histori	c structure included in (a)	2c		
d		ervation easements included in (c) acqu n the National Register	ired after 8/17/06, and not on a historic	2d		
3	Number of cons tax year ▶	ervation easements modified, transferre	ed, released, extinguished, or terminated by t	he organization	during the	
4	Number of state	es where property subject to conservation	on easement is located 🕨			
5		zation have a written policy regarding th at of the conservation easements it hold:	he periodic monitoring, inspection, handling c s?	of violations,	🗌 Yes 🗌 No	
6	Staff and volunt ►	eer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	nservation easer	nents during the year	
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements	during the year	
8	Does each const and section 170		above satisfy the requirements of section 17	70(h)(4)(B)(ı)	🗌 Yes 🗌 No	
9	balance sheet, a		servation easements in its revenue and exper footnote to the organization's financial state its			
Pa			of Art, Historical Treasures, or Othe	er Similar Ass	sets.	
1a	If the organizati art, historical tr	easures, or other similar assets held for	S ² ON FORM 990, Part IV, IINE 8. 6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in fu icial statements that describes these items			
b	If the organizati historical treasu	ion elected, as permitted under SFAS 11	.6 (ASC 958), to report in its revenue statem lic exhibition, education, or research in furthe			
(-	led on Form 990, Part VIII, line 1		▶ \$		
		in Form 990, Part X		▶ �		
2	If the organizati		cal treasures, or other similar assets for finar 116 (ASC 958) relating to these items	ncial gain, provid	e the	
а	-	ed on Form 990, Part VIII, line 1		► \$		
Ь		in Form 990, Part X		▶ \$		

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

Cat No 52283D Schedule D (Form 990) 2017

e Other .

. .

Sche	edule D (Form 990) 2017									Page 2
Par	t III Organizations Maintaining Col	lections of Art, Hist	orical T	reasu	ires, or	Other	Similar A	ssets (cont	inued)	
3	Using the organization's acquisition, accessio items (check all that apply)	n, and other records, che	ck any o	f the fo	llowing th	at are a	a significant	use of its col	lection	
а	Public exhibition		d 🗌	Loan	or excha	nge pro	grams			
b	Scholarly research		e 🗌	Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's col Part XIII	lections and explain how	they fur	ther the	e organiza	ation's e	xempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to						nılar	🗌 Yes	П и	0
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		990, Par	t IV, lı	ine 9, or	report	ed an amo	unt on Forn	n 990,	Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary	for contr	bution	is or othe	r assets	not	🗌 Yes	П N	0
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	una table		Г			Amount		_
c	Beginning balance	and complete the follow	ing table		ŀ	1c	,	anoune		_
d	Additions during the year				F	1d				_
е	Distributions during the year				F	1e				_
f	Ending balance				F	1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escro	w or cu	∟ Istodial ac	count li	ability?	🗌 Yes		
b	If "Yes," explain the arrangement in Part XIII						,			<u> </u>
Pa	art V Endowment Funds. Complete if		wered "\				-			
4 -	De sumue a forsen halanda	(a)Current year (b) Prior ye	ar	(c)Two ye	ars back	(d)Three ye	ars back (e)	Four year	rs back
	Beginning of year balance									
	Contributions Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance (lin	e 1g, colu	umn (a')) held as		1	I		
а	Board designated or quasi-endowment 🕨		27							
b	Permanent endowment 🕨									
с	Temporarily restricted endowment >									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posses	sion of the organization	that are l	neld an	id adminis	stered fo	or the			
	organization by (i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations		• •	• •	• •			3a(ii)		
b	If "Yes" on $3a(n)$, are the related organization	ns listed as required on S	chedule l	R?.	· ·			. 3b		
4	Describe in Part XIII the intended uses of the	organization's endowme	nt funds					L		
Ра	rt VI Land, Buildings, and Equipme									
	Complete if the organization answ Description of property (a) Cost or ot						rm 990, Pa depreciation		.0. Jook valu	
	Description of property (a) Cost or otl (investme		uler DdSIS	(Juner)		mulated	uepreciación		JUK VAIU	C
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). • ۲

Schedule D ((Form 990) 2017					Page 3
Part VII	Investments—Other Securities. Complete if the ore See Form 990, Part X, line 12.	ganıza	tion answ	vered "Yes" on	Form 990, Pa	rt IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of v t or end-of-year	
	l derivatives	•				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	►				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form		Part TV lu	na 11 c Saa Fr	orm 990 Part '	V line 13
	(a) Description of investment		ook value		(c) Method of v t or end-of-year	aluation
(1)					. or end-or-year	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	rt IV, line 11d S	See Form 990, Pa	art X, line 15 (b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answe			rm 990, Part I		 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal I	ncome taxes					
PAYROLL LIA	ABILITIES			2,208		
SALES TAX				558		
CREDIT CAR (4)	D FATABLE			550		
(5)						
(6)						
(7)						
(8)						
(9)						

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

3,316

Schedule D (Form 990) 2017

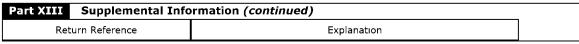
Pai	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par	•	teturn	
1	Total revenue, gains, and other support per audited financial statements	1	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	-	
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12))	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par		Return.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation	









Inspection Inspection Insert of the organization Fmployer identification number ORTH CAROLINIANS FOR HOME EDUCATIO 56-1624186	SCHEDULE O Supplemental Information to Form 990 or 990-EZ Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. EZ) Attach to Form 990 or 990-EZ.		^{15 on} 2017	
NORTH CAROLINIANS FOR HOME EDUCATIO 56-1624186	Department of the Treasury			
56-1624186			En	mployer identification number
990 Schedule O, Supplemental Information	INTERACE INTERACT OF THE		56	6-1624186
	990 Schedule O, Sup	plemental Information	56	6-1624186

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE COMPLETED 990 IS PROVIDED ALL BOARD MEMBERS VIA EMAIL EACH BOARD MEMBER REVIEWS THE 990 PRIOR TO IT BEING FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	DURING REGULAR COURSE OF BUSINESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	DETERMINATION MADE BY THE INDEPENDENT BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST