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**Short Form**

**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)

For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

**For the 2001 calendar year, or tax year beginning 2001, and ending 2001.**

**Organization Name:**

North Carolina Good Government Fund

**Address:**

19 W Hargett St STE 601

Raleigh, NC 27601-1391

**Employer Identification Number:**

501.2-71150

**Accounting Method:**

Cash

**Other (specify):**

None

**Web Site:**

No

**Financial Activity in 2001:**

No

**New Organization:**

Yes

**Revenue, Expenses, and Financial Information:**

- **Part I**
  - Contributions, gifts, grants, etc.
  - Program service revenue
  - Membership dues and assessments
  - Investment income
  - Total revenue (add lines 1, 2, 3, 4, 5a, 5b, 5c, 6a, 6b, 6c, 7a, 7b, 8, 9)
  - Grants and similar amounts paid (attach schedule)
  - Benefits paid to or for members
  - Salaries, other compensation, and employee benefits
  - Professional fees and other payments to independent contractors
  - Occurrence, rent, utilities, and maintenance
  - Other expenses (describe)
  - Total expenses (add lines 10 through 16)
  - Excess or (deficit) for the year (line 18 less line 17)
  - Net assets or fund balances at beginning of year (from line 27, column (A))
  - Net assets or fund balances at end of year (combine lines 18 through 20)

**Net Assets or Fund Balances:**

(A) Beginning of year

(B) End of year

**Balance Sheets—If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ**

**Cash, savings, and investments**

22

**Land and buildings**

23

**Other assets (describe)**

24

**Total assets**

25

**Total liabilities (describe)**

26

**Net assets or fund balances**

27
Part II  Statement of Program Service Accomplishments (See Specific Instructions on page 40)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Service Provided</th>
<th>Number of Beneficiaries</th>
<th>Other Relevant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td></td>
<td></td>
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<tr>
<td>29</td>
<td></td>
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<td></td>
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<tr>
<td>30</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>31</td>
<td>Other program services (attach schedule)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part IV  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address
(B) Total annual compensation
(C) Calculated hours per week devoted to position
(D) Compensation if not paid, enter -0-
(E) Contributions to employee benefit plans & deferred compensation
(F) Expense account and other allowances

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Total Compensation</th>
<th>Hours Devoted to Position</th>
<th>Compensation if Not Paid</th>
<th>Contributions to Employee Benefit Plans &amp; Deferred Compensation</th>
<th>Expense Account and Other Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Part V  Other Information (Note the attachment requirement in General Instruction V, page 14)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33  Did the organization engage in any activity not previously reported to the IRS? (If &quot;Yes,&quot; attach a detailed description of each activity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34  Were any changes made to the organizing or governing documents but not reported to the IRS? (If &quot;Yes,&quot; attach a conformed copy of the changes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35  If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a  Did the organization have unrelated business gross income of $1,000 or more or less than $50,000 (Note: attach a statement.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  If &quot;Yes,&quot; has it filed a tax return on Form 990-T for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36  Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If &quot;Yes,&quot; attach a statement.)</td>
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</tr>
<tr>
<td>37a Did any amount of political expenditures, direct or indirect, as described in the instructions</td>
<td></td>
<td></td>
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<tr>
<td>b  Did the organization file Form 1120-POL for this year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year or still unpaid at the start of the period covered by this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  If &quot;Yes,&quot; attach the schedule specified in line 38 instructions and enter the amount involved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39a 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  Gross receipts, included on line 9, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955, section 4958</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b  501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? (If &quot;Yes,&quot; attach an explanation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c  Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d  Enter Amount of tax on line 40c, above, reimbursed by the organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41  List the states with which a copy of this return is filed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42  The books are in care of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Located at</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone no</td>
<td></td>
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<tr>
<td>ZIP + 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 4947(a)(11) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Sign Here

Signature of officer
Date
Type or print name and title

Preparer's SSN or PTIN (See Gen. Inst. W)
Preparer's signature
Date
Check if self-employed

Preparer's Use Only
Firm's name (or yours if self-employed), address, and ZIP + 4
EIN
Phone no.