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Form **990-EZ**

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

OMB No 1545-1150

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 2001, and ending . 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

P 87088 *****AUTO**5-DIGIT 27601
U NORTH CAROLINA GOOD GOVERNMENT FUND P 124 I
L NC GOOD GOVERNMENT FUND B 38 R
P 19 W HARGETT ST STE 601 S
H RALEIGH NC 27601-1391
S
S
b
U

D Employer identification number 56-2271150
E Telephone number ()
F Enter 4-digit (GEN) ▶

CONTINUE SENDING FORMS

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method Cash Accrual
Other (specify) ▶

I Web site ▶
J Organization type (check only one) 501(c) (3) (insert no) 4947

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization's gross receipts are normally not more than \$50,000 and the organization received a Form 990 Package in the mail, it is not required to file a return with the IRS but if the organization is in a state that requires a complete return, it must file a return with the state.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross income.
Part I Revenue, Expenses, and Other Items (See Specific Instructions on page 35)

1	Contributions, gifts, grants, a.	1
2	Program service revenue inc.	2
3	Membership dues and assess.	3
4	Investment income	4
5a	Gross amount from sale of asse. other than inventory	5a
5b	Less cost or other basis and sales expenses	5b
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
6	Special events and activities (attach schedule)	
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a
6b	Less direct expenses other than fundraising expenses	6b
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c
7a	Gross sales of inventory, less returns and allowances	7a
7b	Less cost of goods sold	7b
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
8	Other revenue (describe ▶)	8
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9
10	Grants and similar amounts paid (attach schedule)	10
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ▶)	16
17	Total expenses (add lines 10 through 16)	17
18	Excess or (deficit) for the year (line 9 less line 17)	18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21

NO FINANCIAL ACTIVITY IN 2001 - NEW ORGANIZATION

Revenue JUN 25 02

Expenses FILMED

Net Assets

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

(See Specific Instructions on page 39)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22
23	Land and buildings	23
24	Other assets (describe ▶)	24
25	Total assets	25
26	Total liabilities (describe ▶)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27

19

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
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		
28	(Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		
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 and still unpaid at the start of the period covered by this return?		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved ▶ 38b		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
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 "Yes," attach an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶		
42	The books are in care of ▶ Telephone no ▶ () Located at ▶ ZIP + 4 ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

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

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