Form **990**

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)

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

A	For Alex	- 0010		0010								
<u> </u>	A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20 B Check if applicable: C Name of organization SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. D Employer identification number											
B				HAVER LAW SCHOOL SCHOLARSH	IP FUND, II	NC.	D Employ		univer			
\vdash		s change	Doing Business As	F 11 t				20-2749954				
	Name c		·	f mail is not delivered to street address)	Room/suite		E lelepno	ne number				
\sqcup	Initial re	turn	C/O KEITH W. VAUGHAN, O		SUITE	1200		336-721-3600				
\sqcup	Termina	ited	City, town or post office, state, a	nd ZIP code								
	Amende	ed return	WINSTON-SALEM, NC 27101	-3806			G Gross re	eceipts \$	692,321.			
	Applicat	tion pending	F Name and address of principal of	fficer:		H(a) Is this	group return	for affiliates? Yes	₃ 🗹 No			
			KEITH W. VAUGHAN, SAME	AS C ABOVE		H(b) Are a	all affiliates included?					
1	Tax-exe	mpt status:	✓ 501(c)(3)	c) () ◀ (insert no.) ☐ 4947(a)(1) or	527	If "N	o," attach a	a list. (see instruction	ons)			
J	Website	e: ► www	w.smithshaverscholarship.org	1		H(c) Group	exemption	number ►				
K	Form of	organization:	✓ Corporation ☐ Trust ☐ Assorting	ociation ☐ Other ► L Yes	ar of formatio	n: 2005	M State	of legal domicile:	NC			
P	art I	Summ	ary									
	1	Briefly de	escribe the organization's m	ssion or most significant activities:	TO PRO	MOTE AND	ENCOUR	RAGE EDUCATI	ONAL			
•				ROUGH SCHOLARSHIPS, BASED PR								
ဋ				HOOLS AT CAMPBELL UNIVERSITY,					ΓRAL			
Ę				RTH CAROLINA AT CHAPEL HILL, A								
Activities & Governance	2			on discontinued its operations or di								
ĕ	3						3		7			
•ජ ග	4		•	pers of the governing body (Part VI	, line 1b)		4		7			
ij	5			d in calendar year 2012 (Part V, line	•		5		0			
흊	6		nber of volunteers (estimate	-			6		7			
ĕ	7a		• .				7a		-0-			
	ь	Net unrel	7b		-0-							
		TTO CUITO	ar	Current Y								
ine	8	Contribut	tions and grants (Part VIII, lir	ne 1h)	-							
	9		service revenue (Part VIII, lir		· ·		-0- -0-		-0-			
Revenue		_	nt income (Part VIII, column	····	316,227.		-0-					
æ	10		• •	• • –				282,174.				
	11			ines 5, 6d, 8c, 9c, 10c, and 11e). (must equal Part VIII, column (A), lìr	00 12)	-0-			-0-			
	12				16 12)		316,227.		282,174.			
	13			t IX, column (A), lines 1–3)	· ·		300,000.		300,000.			
	14		paid to or for members (Part				-0-		-0-			
es	15	-		e benefits (Part IX, column (A), lines	· -		-0-		-0-			
E S	16a		- :	column (A), line 11e)	• •		-0-		-0-			
Expenses	b		draising expenses (Part IX, c		-0-							
w	17	-	penses (Part IX, column (A),				27,163.		29,309.			
	18	-	•	st equal Part IX, column (A), line 25) ·		327,163,		329,309.			
	19	Revenue	less expenses. Subtract line	18 from line 12			(10,936.)		<u>(47,135.)</u>			
ces				•	Be	ginning of Cu	rent Year	End of Ye	ar			
Net Assets Fund Balan	20	Total asse	ets (Part X, line 16)		· ·	5,	B31,594.	6	<u>,213,593.</u>			
P B	21	Total liabi	ilities (Part X, line 26)				300,000.		300,000.			
	22		s or fund balances. Subtrac	t line 21 from line 20		5,	531,594.	5	<u>,913,593.</u>			
Pa	rt II	Signat	ure Block									
				s return, including accompanying schedules an officer) is based on all information of whic				ny knowledge and	belief, it is			
1 /1.9 h: 181 1 09/151												
Sig	n	Signa	ture of officer			Dat	e	15/2013				
Her			W. David Edwards Secretary + Treasurer									
	-	Type	or print name and title	3001								
		1 /	pe preparer's name	Preparer's signature	Date		I	, PTIN				
Pai		1 "	• approximation				Check _ self-empl	_] #				
	pare		<u> </u>			1	<u> </u>	,				
Us	e Only						s EIN ▶		<u> </u>			
Max	tho ID	Firm's ac		r shown above? (see instructions)		Phor	e no.		□ No			

Form 9	90 (2012) Page 2								
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III								
1	Briefly describe the organization's mission:								
	TO PROMOTE AND ENCOURAGE EDUCATIONAL OPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED								
	PRIMARILY ON NEED, FOR NORTH CAROLINA RESIDENTS ATTENDING THE LAW SCHOOLS AT CAMPBELL UNIVERSITY,								
	DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, AND WAKE FOREST UNIVERSITY.								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$ 300,000 including grants of \$ 300,000) (Revenue \$0)								
	THE SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, THROUGH ITS SUPPORTED ORGANIZATIONS, AWARDED NEW								
	SCHOLARSHIPS TO NORTH CAROLINA RESIDENTS IN THE AMOUNT OF \$300,000.00, PAYABLE OVER THREE YEARS OF LAW SCHOOL (\$100,000.00 PER YEAR).								
	DURING 2012, THE SCHOLARSHIP FUND PAID \$300,000.00 IN SCHOLARSHIPS FOR OVER FIFTY STUDENTS ATTENDING								
	THE SUPPORTED LAW SCHOOLS.								
	FOR THE PERIOD 2006-2012, THE SCHOLARSHIP FUND PAID \$1,800,000.00 TO THE SUPPORTED LAW SCHOOLS.								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
	<u></u>								
4d	Other program services (Describe in Schedule O.)								
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 300,000								

Form 99	(2012) Checklist of Required Schedules			Page			
T all t	Officerist of frequired deficacies		Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1			
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		1			
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		1			
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		1			
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		1			
7							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1			
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		1			
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	1				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.		·	1			
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		1			
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		1			
c	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		1			
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	·	1			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1			
	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.	11f		1			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		\			
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		✓			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1			
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		✓			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓			
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		√			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u>			
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		<u> </u>			
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		`			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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	051		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	25b 26		1
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? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		· 🗸
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? If "Yes," complete Schedule R, Part I	33		√
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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
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		✓
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,			
38	Part VI	37	√	<u>✓</u>
			222	

Pari	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	-		
	Check is constant of contains a respective to any queetors in the craft visit	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	1
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	 	┼—
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь		70		
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			١.
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ť
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			Ė
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
·· a	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 b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O. 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			
C 142	Enter the amount of reserves on hand	145		
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		<u>✓</u>
			1	

roint a	150 (2012)			rage (
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response to any question in this Part VI			
Sect	ion A. Governing Body and Management			
			Yes	No
1a		4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1- 7	1
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		/
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120	./	
13	Did the organization have a written whistleblower policy?	12c	· •	1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
_	with a taxable entity during the year?	16a		✓
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ N/A			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	finter	est p	olicy.
	and financial statements available to the public during the tax year.		•	• •
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► W. DAVID EDWARDS, PRIVATE ADDRESS (SEE SCHEDULE O FOR CONTACT INFORMATION)			

Earm	aan	(2012)	

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ted Employees,	, and
	Independent Contractors							

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 n	or any relate	d org	aniz	zatio	on c	ompe	ensa	ated any currer	nt officer, directo	or, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, officion director	unle: er an	Pos heck ss pe d a c	ersor	e that is to the compensated employee	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ť	-		ited				
(1) KEITH W. VAUGHAN DIRECTOR, CHAIR, PRESIDENT	0.5	1		1				-0-	-0-	-0-
(2) G. EUGENE BOYCE DIRECTOR, VICE CHAIR, VICE PRESIDENT	1.2	1		1				-0-	-0-	-0-
(3) W. DAVID EDWARDS DIRECTOR, SECRETARY, TREASURER	2.5	1		1				-0-	-0-	-0-
(4) ARCH T. ALLEN DIRECTOR	0.5	1						-0-	-0-	-0-
(5) WANDA G. BRYANT DIRECTOR	0.5	1						-0-	-0-	-0-
(6) DONALD L. SMITH DIRECTOR	1.0	1						-0-	-0-	-0-
(7) COLON WILLOUGHBY, JR. DIRECTOR	0.5	\						-0-	-0-	-0-
(8)									·	
(9)										
(10)										
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1b Sub-total	37.7									4			
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	-				030	1130	·Cu	above	,, **	no received in	ore triari proofe	,	
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for services rendered to the organization? If "Yes," complete Schedule J for such person			 r accriie co	mner	Seati	 ion	fror	n anv	uni	related organiz	ation or individu		V
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE	5										ation of malvido		1
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Name and business address Description of services Compensation NONE		year.									· · · · · · · · · · · · · · · · · · ·		
NONE											nvices.		
		Name and business addi	622							Description of se	rvices	Compensation	
2 Total number of independent contractors (including but not limited to those listed above) who	NONE												
2 Total number of independent contractors (including but not limited to those listed above) who													
2 Total number of independent contractors (including but not limited to those listed above) who													
2 Total number of independent contractors (including but not limited to those listed above) who]					
2 Total number of independent contractors (including but not limited to those listed above) who												<u> </u>	
	2	Total number of independent contractor	rs (includin	g but	no	ot li	mite	ed to	the	ose listed abo	ve) who		

Pai	rt VIII	Statement of Rev	enue					
		Check if Schedule O	contains a re	esponse to any que	stion in this Part \	/III		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaign	s	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	, [1b				
S, C	С	Fundraising events .		1c				
Giffts, ilar An	d	Related organization	-	1d				
ns,	e	Government grants (co		1e				
rtio er S	f	All other contributions, g						
Contributions, and Other Sim		and similar amounts not in	i	1f	_			
on to	9	Noncash contributions inclu			-			
_	h	Total. Add lines 1a-1	<u> </u>	Business Code	-0-			
Program Service Revenue	0-			business Code				
ě	2a b							
9	C	***************************************			+			
Š	d				+			
Š	e				1			
grar	f	All other program ser			 			
ē.	g	Total. Add lines 2a-2			-0-			
	3	Investment income			30-			
		and other similar amo			204,003.	-0-	-0-	204,003.
	4	Income from investmen	t of tax-exemi	ot bond proceeds	-0-	-0-	-0-	-0-
	5		<u> </u>	*	-0-	-0-	-0-	-0-
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or	\	.	-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	١.	assets other than inventory	488,3	18.				
	b	Less: cost or other basis						
		and sales expenses .	410,1					
	С	Gain or (loss)	78,1					
	d	Net gain or (loss) .			78,171.	-0-	-0-	78,171.
enne	8a	Gross income from fu events (not including \$	indraising		: :			
Other Reve		of contributions reported See Part IV, line 18		а				
돮	b	Less: direct expenses		b				
		Net income or (loss) fi			-0-		-0-	-0-
	9a	Gross income from ga						
		See Part IV, line 19 .		a				
٠.		Less: direct expenses		b				
		Net income or (loss) fr			-0-	-0-	-0-	-0-
		Gross sales of in- returns and allowance	s	а				
		Less: cost of goods so		b				
	С	Net income or (loss) fr			-0-	-0-	-0-	-0-
	4 :	Miscellaneous Re	evenue	Business Code				
	11a							
	b							
Ì	C	All all and						
	ď	All other revenue .						
		Total. Add lines 11a-1 Total revenue. See in			-0-			
	14	Total revenue. See in	SITUCTIONS.	-	282,174.	-0-	-0-	282,174.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respor	se to any question	in this Part IX		[
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			9	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	300,000.	300,000.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d e	Lobbying				
f	Investment management fees	29,159.		20.450	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	23,133.		29,159.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy [
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
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	PAYMENT WIRE FEES	150.		150.	
b					
C					
d	All other expenses				
e oe	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	329,309.	300,000.	29,309.	-0-
20	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	art X	Balance Sheet			, age s
		Check if Schedule O contains a response to any question in this Part >	<		[
	_		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	100.	1	100
	2	Savings and temporary cash investments	287,386.	2	275,418
	3	Pledges and grants receivable, net	-0-	3	
	4	Accounts receivable, net	- 0-	4	-(
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	-0-	5	-(
"	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			
Assets	7	<u> </u>		 	
Ass	8	Notes and loans receivable, net	-0-		-(
	9	· ·	-0-		
	10a	Prepaid expenses and deferred charges	-0-	9	-0
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 10a 10a 10a	-0-	10c	-0
	11	Investments—publicly traded securities	5,544,108.	11	5,938,075
	12	Investments—other securities. See Part IV, line 11	-0-	12	-0
	13	Investments—program-related. See Part IV, line 11	-0-	13	-0
	14	Intangible assets	-0-	14	-0
	15	Other assets. See Part IV, line 11	-0-	15	-0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,831,594.	16	6,213,593
	17	Accounts payable and accrued expenses	-0-	17	-0
	18	Grants payable	300,000.	18	300,000
	19	Deferred revenue	-0-	19	-0
	20	Tax-exempt bond liabilities	-0-	20	-0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	-0-	21	-0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jq.		disqualified persons. Complete Part II of Schedule L	-0-	22	-0
Ë	23	Secured mortgages and notes payable to unrelated third parties	-0-	23	-0
	24	Unsecured notes and loans payable to unrelated third parties	-0-	24	-0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	-0-	25	-0-
	26	Total liabilities. Add lines 17 through 25	300,000.	26	300,000
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
SS	30	Capital stock or trust principal, or current funds	-0-	30	-0-
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-	31	-0-
As	32	Retained earnings, endowment, accumulated income, or other funds .	5,531,594.	32	5,913,593.
हूं इ	33	Total net assets or fund balances	5,531,594.	33	5,913,593.
-	34	Total liabilities and net assets/fund balances	5,831,594.	34	6,213,593.
			-1-2-1-2-11		Form 990 (2012)

Form 9	90 (2012)		ſ	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			82,174.
2	Total expenses (must equal Part IX, column (A), line 25)		3	29,309.
3	Revenue less expenses. Subtract line 2 from line 1		(4	17,135.)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		5,5	31,594.
5	Net unrealized gains (losses) on investments		4	29,134.
6	Donated services and use of facilities			-0-
7	Investment expenses			-0-
8	Prior period adjustments			-0-
9	Other changes in net assets or fund balances (explain in Schedule O)			-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		5,9	13,593.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		<u>. D</u>
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in		:
_	Schedule O.		4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both:	or		
	Separate basis Consolidated basis Both consolidated and separate basis	01		
D	Were the organization's financial statements audited by an independent accountant?			✓
	separate basis, consolidated basis, or both:	a		
	Separate basis Consolidated basis Both consolidated and separate basis			
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversignment of the committee that assume the committee that assume the committee that as the committee that are committeed to the committee that are committeed	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant			
	If the organization changed either its oversight process or selection process during the tax year, explain			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
Ju	the Single Audit Act and OMB Circular A-133?	. За		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		+	+
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	,	
		Fc	rm 99 (0 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

			RSHIP FUND, INC.	!			- Al-:	4 \ 0		749954		
Par			arity Status (All orga			<u>'</u>			instruct	ions.		
			lation because it is: (Fo						***			
1												
2	=											
3 4	——————————————————————————————————————											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 7	_ , , , 5											
8	☐ A community	trust described	in section 170(b)(1)(A	\)(vi). (Co	mplete P	art II.)						
9	An organization receipts from support from	ion that normally n activities relate n gross investm	receives: (1) more the dot to its exempt func- ent income and unreafter June 30, 1975. S	an 331/39 tions—su elated bu	% of its s ibject to siness ta	upport fr certain e xable in	exceptions come (le	s, and (2 ss section) no moi	re than 3	31/3%	of its
10 11	✓ An organizat	ion organized a	d operated exclusively nd operated exclusiv blicly supported orga	ely for ti	he benef	it of, to	perform	the func	tions of,			
			describes the type of								ee st	ection
	a ✓ Type I									tionally ir	toaro	tod.
е	☑ By checking	this box, I certify undation manag	that the organization ers and other than on	is not co	ntrolled o	directly o	r indirecti	ly by one	or more	disqualif	ied pe	ersons
f			a written determination	on from	the IRS	that it is	a Tyne	I Type	II or Tvi	na III eus	anortii	na
•		check this box						i, iype	, OI 19	pe ili suj	JPOI III	. T
g	-	17, 2006, has t	the organization acce					ny of the	Э		•	. П
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) a	ind	Yes	No
			ody of the supported							11g(i)		1
	(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii	1	1
		•	a person described in							11g(iii	+	7
h	• •	•	ion about the support	., .,						1.19(<u> </u>	<u></u>
(i) Name of supported (ii) EIN (iii)			(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?	(vii) Amou	nt of mo	onetary
			1	Yes	No	Yes	No	Yes	No	1		
A)CAI	MPBELL IVERSITY, INC.	56-0529940	2	4		1		√			6	0,000.
B) DU	KE UNIVERSITY	56-0532129	2	1		1		1			6	0,000.
	RTH CAROLINA NTRAL UNIV.	56-6000730	2	4		4		4			6	0,000.
D) UN	C-CHAPEL HILL	56-6001393	2	4		1					6(0,000.
	KE FOREST VERSITY	56-0532138	2	*		√		4		1	6	0,000.

300,000.

Par							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease compl	ete Part III.)	
-	ion A. Public Support		1		T		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")		ļ		 	ļ	
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to the						Ì
	organization without charge						
4	Total. Add lines 1 through 3				 		
_	_					1	
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.						
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
_	i i						
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets		k.				
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for th						
	organization, check this box and stop her	e			· · · · .		▶ □
Secti	on C. Computation of Public Suppor					•	
14	Public support percentage for 2012 (line 6		•			14	%
15	Public support percentage from 2011 Sch					15	<u>%</u>
16a	331/3% support test — 2012. If the organiz						
	box and stop here. The organization qual	•	• • •	•			
þ	331/3% support test—2011. If the organ check this box and stop here. The organization					15 IS 33 1/3 %	
		-	•				. • 📗
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee Part IV how the organization meets the "fa					-	•
	organization			-	allon qualifies a		. >
L	U						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati						
	Explain in Part IV how the organization me						
	supported organization						
18	Private foundation. If the organization did						
	inetructions		,	,, .,	, , , , , , , , , , , , , , , , , , , ,		· ·

Part	III Support Schedule for Organiza	tions Descr	ihed in Sect	ion 509(a)(2)	· · · · · · · · · · · · · · · · · · ·		Page
	(Complete only if you checked the					l to qualify un	der Part II.
	If the organization fails to qualify						
Secti	ion A. Public Support				,		
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						

14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years required to a constraint of the form of the box and step here.						
Sect	organization, check this box and stop here	· ·					
15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%				
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%				
Sect	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%				
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18	%				
19a	331/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is mo 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support						
b	331/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 il line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support tests—2011.						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
PART I, LIN	IES 11a and 11f. THE SCHOLARSHIP FUND'S FORM 1023 FILING WAS BASED UPON TYPE 1. THE IRS LETTER RULING,
DATED JUI	NE 3, 2005, PROVIDES THE SCHOLARSHIP FUND WITH PUBLIC CHARITY STATUS PURSUANT TO SECTION 509(a)(3)
BUT DOES	NOT SPECIFY THE TYPE. THE SCHOLARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED
ON THE S	CHOLARSHIP FUND'S WEBSITE AT www.smithshaverscholarship.org.

SCHEDULE D (Form 990)

Supplemental Financial Statements

2012

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name	of the organization		Employer identification number
SMITI	I/SHAVER LAW SCHOOL SCHOLARSHIP FUND,	INC.	20-2749954
Pa	Organizations Maintaining Done organization answered "Yes" to F	or Advised Funds or Other Similar Fun orm 990, Part IV, line 6.	nds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	·	
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5		donor advisors in writing that the assets he ct to the organization's exclusive legal control	
6	only for charitable purposes and not for the	nors, and donor advisors in writing that grange benefit of the donor or donor advisor, or for the control of th	or any other purpose
Par		plete if the organization answered "Yes"	
1	Purpose(s) of conservation easements held		, , , , , , , , , , , , , , , , , , , ,
		recreation or education) Preservation of	f an historically important land area
	☐ Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		. 2a
b	Total acreage restricted by conservation eas		
С	Number of conservation easements on a cer	• • • • • • • • • • • • • • • • • • • •	
d	Number of conservation easements includ historic structure listed in the National Regis	• • •	1 1
3	Number of conservation easements modified tax year ▶	d, transferred, released, extinguished, or tern	ninated by the organization during the
<u>4</u> 5	Number of states where property subject to Does the organization have a written poliviolations, and enforcement of the conservat	icy regarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ease	ments during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements o	
9	In Part XIII, describe how the organization repalance sheet, and include, if applicable, the organization's accounting for conservation early	text of the footnote to the organization's fina	
Part		ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted und works of art, historical treasures, or other s public service, provide, in Part XIII, the text o	similar assets held for public exhibition, edi	ucation, or research in furtherance of
b	If the organization elected, as permitted un works of art, historical treasures, or other s public service, provide the following amounts	similar assets held for public exhibition, edi s relating to these items:	ucation, or research in furtherance of
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works of following amounts required to be reported un	of art, historical treasures, or other similar	assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line	e1	

Page	4
raye	-

Par	t III Organizations Maintaining	Collections of	Art, Historical	Freasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her records, chec	ck any of the follo	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	grams	
b	☐ Scholarly research		e 🗌 Othe	r		
С	☐ Preservation for future generation	S				
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	hey further the or	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Par	t IV Escrow and Custodial Arra		<u> </u>			
	line 9, or reported an amour			an near on anone	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Is the organization an agent, trustee			or contributions o	r other assets not	•
	included on Form 990, Part X?		•			∏ Yes ∏ No
b	If "Yes," explain the arrangement in P					
	ii ico, explain the arrangement iir i	art Am and comple	ste the lonewing t	ubic.	Am	nount
С	Beginning balance			10		
	Additions during the year				-	· · · · · · · · · · · · · · · · · · ·
d	Distributions during the year					
e						· · · · · · · · · · · · · · · · · · ·
f	Ending balance					☐ Yes ☐ No
2a	If "Yes," explain the arrangement in P					
b Par						
. I GI	Endownent runus. Compr	(a) Current year	(b) Prior year	(c) Two years back		
10	Beginning of year balance					
1a	Contributions	5,831,594.	6,057,001.	5,667,811.		6,459,852.
b		-0-	-0-	-0-	-0-	-0-
С	Net investment earnings, gains, and losses					
		711,308.	101,756.	715,191.	946,793	(1,088,911.)
đ	Grants or scholarships	300,000.	300,000.	300,000.	300,000.	300,000.
е	Other expenditures for facilities and	_	_	_		_
	programs	-0-	-0-	-0-	-0-	0-
, 1	Administrative expenses	29,309.	27,163.	26,001.	23,818.	26,105.
g	End of year balance	6,213,593.	5,831,594.	6,057,001.	5,667,811.	5,044,836.
2	Provide the estimated percentage of t			, column (a)) held	as:	
а	Board designated or quasi-endowmer	***********	<u>0</u> %			
b	Permanent endowment ▶	0%				
С	Temporarily restricted endowment ▶					
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and ad	ministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi				· · · · · ·	3b
4		of the ergenization	n's endowment fu			
	Describe in Part XIII the intended uses					
Part	VI Land, Buildings, and Equip	ment. See Form		<u>10.</u>		
Par			er basis (b) Cost o	r other basis (c)	Accumulated epreciation	(d) Book value
Part 1a	Land, Buildings, and Equip Description of property Land	ment. See Form (a) Cost or oth	er basis (b) Cost o	r other basis (c)		(d) Book value
	Land, Buildings, and Equip Description of property Land	ment. See Form (a) Cost or oth	er basis (b) Cost o	r other basis (c)		(d) Book value
1a	VI Land, Buildings, and Equip Description of property	ment. See Form (a) Cost or oth	er basis (b) Cost o	r other basis (c)		(d) Book value
1a	Description of property Land	ment. See Form (a) Cost or oth	er basis (b) Cost o	r other basis (c)		(d) Book value
1a b c	Description of property Land	ment. See Form (a) Cost or oth	er basis (b) Cost o	r other basis (c)		(d) Book value

Part VII Investments—Other Securities	Soo Form 000 Part V	line 12	rage
	<u> </u>		aluation:
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives			
(3) Other (A)			
(B)			
(C)			
(D)			
(E)			
(F)			. ".
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related	J. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			435
) Description	Access to the second of the se	(b) Book value
(2)			
(3)			
(4)	And the second s		
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		reprinction to financial statements that	reports the granination!
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the to	exi of the foothote to the or	ganization s linancial 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

ochedi	Je D (FOITH 950) 2012		rage
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		•
d	Other (Describe in Part XIII.)		
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 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Re	turn
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		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
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.)		
C	Add lines 4a and 4b	4c	,
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV	, lines 1b and 2b;
	\prime , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	prov	ide any additional
inform	nation.		
THE E	NDOWMENT WAS ESTABLISHED, AND HAS BEEN USED EXCLUSIVELY, TO SUPPORT THE LAW SCHOOL	S AT	
CAMP	BELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNVERSITY, UNIVERSITY OF NORTH	1 CAR	OLINA
AT CH	APEL HILL, AND WAKE FOREST UNIVERSITY, PURSUANT TO THE JUNE 3, 2004 ORDER OF THE HONORA	BLE	
-			
HOWA	ARD E. MANNING, JR., NORTH CAROLINA SUPERIOR COURT JUDGE, IN THE CONSOLIDATED ACTIONS K	NOWN	AS
SMITH	v. STATE OF NORTH CAROLINA AND SHAVER v. STATE OF NORTH CAROLINA. THE PRIMARY INTENDE	D USE	OF
THE E	NDOWMENT IS TO PROVIDE SCHOLARSHIPS, BASED PRIMARILY ON NEED, TO THE SUPPORTED LAW SO	CHOO	LS.

Schedule D (For	m 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

20**12** Open to Public

Inspection

(3) (12) (3) (10) SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC 3 9 12 9 9 8 **£** 1 (a) Name and address of organization Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . General Information on Grants and Assistance or government Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section if applicable (d) Amount of cash (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance **Employer identification number** 20-2749954 (h) Purpose of grant ✓ Yes □ No

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

Cat. No. 50055P

Schedule I (Form 990) (2012)

7	اا محله ما مامدال	nitral Chatan Com	what if the every	**** *********************************	Fage N line 22
Part III can be duplicated if additional space is needed.	space is needed.	illed States. Com	piele ii trie organiza	allon answered res to r	-0111 990, Fait IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS FOR LAW SCHOOLS	55	300,000.	-0-	N/A	N/A
N			-		
ω					
4		-			
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line information.	e this part to pro	vide the informatio	n required in Part I,		2, Part III, column (b), and any other additional
INCLUDING WIRE TRANSFERS. FINANCIAL RECORDS, AS WELL AS THE SCHOLARSHIP FUND'S FINANCIAL INSTITUTION	AS WELL AS THE S	CHOLARSHIP FUND'S	S FINANCIAL INSTITUT	IONS' MONTHLY STATEMENTS, ARE AVAILABLE	TS, ARE AVAILABLE
TO BOARD MEMBERS. THE SCHOLARSHIP FUND WORKS WITH THE ADMISSIONS OFFICES AT THE LAW SCHOOLS, WHICH RECOMMEND CANDIDATES BASED	KS WITH THE ADMI	SSIONS OFFICES AT	THE LAW SCHOOLS, W	VHICH RECOMMEND CANDID	ATES BASED
ON CRITERIA PROVIDED BY THE FUND. BOARD MEMBERS ALSO MEET WITH SMITH/SHAVER SCHOLARS FROM TIME TO	ERS ALSO MEET WI	TH SMITH/SHAVER S	CHOLARS FROM TIME	TO TIME. INDIVIDUAL SCHO	TIME. INDIVIDUAL SCHOLARSHIPS VARY IN AMOUNT
BY LAW SCHOOL AND YEAR ALTHOUGH THE TOTAL FUNDS PAID TO THE LAW SCHOOLS ARE THE SAME (\$60,000.00 PER LAW SCHOOL IN 2012). INDIVIDUAL SCHOLARSHIPS	UNDS PAID TO THE	LAW SCHOOLS ARE	THE SAME (\$60,000.00	PER LAW SCHOOL IN 2012).	INDIVIDUAL SCHOLARSHIPS
RANGE FROM \$5,000.00 TO \$20,000.00 PER YEAR. AWARDS ARE BASED PRIMARILY ON NEED. THERE ARE NO RESTRICTIONS OR LIMITATIONS BASED UPON RACE	IRDS ARE BASED P	RIMARILY ON NEED.	THERE ARE NO REST	RICTIONS OR LIMITATIONS B	ASED UPON RACE
OR EMPLOYMENT STATUS OF THE PROSPECTIVE RECIPIENT OR RELATIVE OF THE RECIPIENT. THE SELECTION CRITE	IPIENT OR RELATIV	E OF THE RECIPIENT	. THE SELECTION CRI	TERIA ARE IN ACCORD WITH THE COURT ORDER	I THE COURT ORDER
PROVIDING FOR THE FUND. THE LAW SCHOOLS MAINTAIN RECORDS OF THE SCHOLARS AT EACH RESPECTIVE LAW SCHOOL AND UPDATE THE FUND AS TO SCHOLAR	TAIN RECORDS OF	THE SCHOLARS AT E	ACH RESPECTIVE LAV	N SCHOOL AND UPDATE THI	E FUND AS TO SCHOLAR
STATUS CHANGES.					
PART III, 1(a). INDIVIDUAL SCHOLARSHIPS ARE AWARDED THROUGH THE LAW SCHOOLS. EACH LAW SCHOOL RECEIVES THE SAME TOTAL	DED THROUGH THE	LAW SCHOOLS. EA	CH LAW SCHOOL REC	EIVES THE SAME TOTAL	
PART III, 1(b). THERE WERE OVER 50 SCHOLARS, SOME OF WHOM WERE PRESENT FOR ONLY PART OF THE YEAR (GR	E OF WHOM WERE	PRESENT FOR ONLY	PART OF THE YEAR (GRADUATED OR NEWLY-SELECTED SCHOLARS).	ECTED SCHOLARS).
					Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 20**12** Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC 20-2749954 FORM 990, PART III, LINE 1. THE SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. WAS ESTABLISHED BY ORDER OF NORTH CAROLINA SUPERIOR COURT JUDGE HOWARD E. MANNING, JR. THROUGH A GRANT FROM THE SETTLEMENT FUND CREATED IN THE CLASS ACTIONS KNOWN AS SMITH V. STATE OF NORTH CAROLINA AND SHAVER V. STATE OF NORTH CAROLINA THE INITIAL SCHOLARSHIP FUND CONSISTED OF \$6 MILLION REMAINING IN THE SETTLEMENT FUND FOLLOWING PAYMENTS TO CLASS MEMBERS IN FULL AND THE COSTS OF SETTLEMENT ADMINISTRATION. THE COURT DIRECTED THAT THE SCHOLARSHIP FUND BE USED TO PROVIDE SCHOLARSHIPS FOR NORTH CAROLINA RESIDENTS WHO ATTEND LAW SCHOOL AT ONE OF THE FOLLOWING: CAMPBELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, AND WAKE FOREST UNIVERSITY. SMITH/SHAVER SCHOLARSHIPS ARE BASED PRIMARILY ON NEED. FORM 990, PART VI, LINES 1b & 7a. FIVE BOARD MEMBERS ARE APPOINTED TO REPRESENT THE LAW SCHOOLS. THE REMAINING BOARD MEMBERS SERVE ON THE BOARD AS DIRECTED BY THE COURT ORDER NOTED ABOVE FORM 990, PART VI, LINE 11b. EACH BOARD MEMBER RECEIVED A COPY OF FORM 990 AND RELATED SCHEDULES PRIOR TO FILING AND WAS PROVIDED AN OPPORTUNITY TO COMMENT. EACH BOARD MEMBER RECEIVED FINANCIAL UPDATES, INCLUDING AN ANNUAL INCOME STATEMENT, CASH FLOW STATEMENT, AND BALANCE SHEET FOR YEAR 2012 PRIOR TO THE FEBRUARY 2013 ANNUAL BOARD MEETING. THE FUND'S INVESTMENT MANAGER WAS CONSULTED AS NEEDED DURING THE YEAR AS WAS AN ATTORNEY SPECIALIZING IN NONPROFIT ORGANIZATIONS LAW. PART VI, LINE 12c. BOARD MEMBERS ABIDE BY THE CONFLICTS POLICY SET OUT IN THE BY-LAWS, WHICH REQUIRES A BOARD MEMBER, AMONG OTHER THINGS, TO DISCLOSE ANY DIRECT OR INDIRECT MATERIAL FINANCIAL INTEREST CONCERNING ANY TRANSACTION. DURING 2012, THE SCHOLARSHIP FUND ENGAGED IN NO TRANSACTIONS OTHER THAN RETENTION OF ITS INVESTMENT ADVISOR, THE SETTING OF GENERAL INVESTMENT POLICY, AND PAYMENTS MADE AS DIRECTED BY THE SUPPORTED LAW SCHOOLS. FOLLOW-UP WAS UNDERTAKEN TO CONFIRM WIRE TRANSFER RECEIPT. POTENTIAL SCHOLARSHIP RECIPIENTS ARE IDENTIFIED BY THE SUPPORTED LAW SCHOOLS, MINIMIZING THE POSSIBILITY OF CONFLICTS ARISING IN THE SELECTION PROCESS. MINUTES OF BOARD MEETINGS ARE TAKEN AND CIRCULATED FOR BOARD MEMBER REVIEW AND

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Page	-2

Name of the organization	Employer identification number
SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.	20-2749954
PART VI, LINE 13. THE SCHOLARSHIP FUND HAS NO EMPLOYEES. ALL OFFICERS ARE ALSO BOARD	MEMBERS. FOR THIS REASON
THE SCHOLARSHIP FUND DOES NOT HAVE A FORMAL WHISTLEBLOWER POLICY.	· · · · · · · · · · · · · · · · · · ·
PART VI, LINES 15a & 15b. THE SCHOLARSHIP FUND HAS NO EMPLOYEES AND THE FUND'S BOARD M	EMBERS AND OFFICERS
SERVE WITHOUT COMPENSATION. AS NO COMPENSATION IS PAID, THERE IS NO PROCESS BY WHICH	COMPENSATION IS TO BE
DETERMINED.	
PART VI, LINES 18 & 19. IN 2012, THE SCHOLARSHIP FUND KEPT PACKETS OF ALL DOCUMENTS REQU	IRED BY THE IRS TO BE
PROVIDED TO THE PUBLIC ON REQUEST AT THE SCHOLARSHIP FUND'S STREET ADDRESS. NO REQU	ESTS WERE MADE IN 2012
BUT THE SCHOLARSHIP FUND STOOD READY TO PROVIDE THE DOCUMENTS. THROUGHOUT 2012, RE	LEVANT DOCUMENTS
COULD BE ACCESSED ON THE SCHOLARSHIP FUND'S WEBSITEwww.smithshaverscholarship.org W	HICH INCLUDES THE
SCHOLARSHIP FUND'S ARTICLES OF INCORPORATION, BY-LAWS, FORM 1023, FORM 990s AND RELATI	ED SCHEDULES, AS WELL AS
IRS AND NORTH CAROLINA EXEMPTION LETTERS. THE FUND'S CONFLICT OF INTEREST POLICY IS SE	T OUT IN THE BY-LAWS.
PART VI, LINE 20. MR. EDWARDS MAINTAINS THE SCHOLARSHIP FUND'S RECORDS AT A PRIVATE RES	IDENCE, WHICH IS NOT
REQUIRED TO BE DISCLOSED ON FORM 990. MR. EDWARDS, HOWEVER, MAY BE REACHED THROUGH	
CHAIR, KEITH W. VAUGHAN, AT THE SCHOLARSHIP FUND'S MAILING ADDRESS AND TELEPHONE NUMI	
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<u></u>	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions. ▶ Attach to Form 990.

OMB No. 1545-0047	2012
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Open to Public Inspection

20-2749954

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2012 (f)
Direct controlling
entity ŝ > Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling entity (e) End-of-year assets N/N Š N/A Ž Ϋ́ (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) GOVT, ENTITY 501(c)(3) GOVT. ENTITY 501(c)(3) (c) Legal domicile (state or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) Primary activity 2 ပ္က 2 ဋ 2 € (b) Primary activity **EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity WINSTON-SALEM, NORTH CAROLINA EIN: 56-0532138 (4) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL BUIES CREEK, NORTH CAROLINA EIN: 56-0529940 CHAPEL HILL, NORTH CAROLINA EIN: 56-6001393 (a) Name, address, and EIN of related organization DURHAM, NORTH CAROLINA EIN: 56-6000730 DURHAM, NORTH CAROLINA EIN: 56-0532129 (1) CAMPBELL UNIVERSITY, INCORPORATED (3) NORTH CAROLINA CENTRAL UNIVERSITY (5) WAKE FOREST UNIVERSITY (2) DUKE UNIVERSITY Part II 9 9 E Ξ ଷ ල ₹ 3

Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes ŝ (i) General or managing partner? Percentage ownership Yes Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total income Yes (g) Share of end-of-Type of entity (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV 8 9 E € 3 Ξ 2 ල € 3 9 Ξ ල

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36,) Part V

	ĺ				
volved	amount ii	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of other organization
olds.	n thres	ships and transactio	uding covered relations	nplete this line, incl	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
>	1s				Other transfer of cash or property from related organization(s)
	1r /	•	•	•	Other transfer of cash or property to related organization(s)
>	19				Reimbursement paid by related organization(s) for expenses
<i>^</i>	1p				Reimbursement paid to related organization(s) for expenses
`	10				Sharing of paid employees with related organization(s)
>	11				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
	1m				Performance of services or membership or fundraising solicitations by related organization(s)
>	=				Performance of services or membership or fundraising solicitations for related organization(s)
/	¥	•		•	Lease of facilities, equipment, or other assets from related organization(s)
>	-				Ecces of recinities, equipment, or other assets to related organization(s)
`	= :				inon(s)
1	۽ ;	•			Purchase of assets from related organization(s)
<i>/</i>	1g				
>	=				
>	1e				Loans or loan guarantees by related organization(s)
>	P				Loans or loan guarantees to or for related organization(s)
>	10			•	Gift, grant, or capital contribution from related organization(s)
>	4b				Gift, grant, or capital contribution to related organization(s)
/	1a	•		•	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
		I⊢IV?	nizations listed in Parts	more related orgar	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No	×				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Sample of the state of the stat	garinzariori. Oc	i isi occions i	egal ullig exclus	101 101 Cel 16	in investment po	artherships.	1			
Name, address, and EIN of entity	Primary activity	Legal domicile	(a) Predominant	(e) Are all partners	Share of		(n) Disproportionate	Code V—UBI	General or	(k) Percentage
		(state or foreign	income (related,	section		_	allocations?	amount in box 20		ownership
		(Contrary)	from tax under	organizations?		assets		of Schedule K-1 (Form 1065)		
			section 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(9)										
(4)										
(5)										
(9)										
ω)										
(8)										1
(6)										
(10)	-									
(11)										
(12)										
(13)	•									
(14)										
(15)			THE THOUGHT A VIII							
(16)										
								Sche	dule R (For	Schedule R (Form 990) 2012

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
PART V. C.	ASH TRANSFERS ARE MADE AT THE DIRECTION OF THE SUPPORTED LAW SCHOOLS. IN 2012, TRANSFERS RELATING TO
SCHOLARS	SHIP AWARDS WERE MADE FOR EACH LAW SCHOOL IN THE AMOUNT OF \$60,000.00 FOR A TOTAL OF \$300,000.00.
THE SCHO	LARSHIP FUND'S BOARD OF DIRECTORS DETERMINES THE TOTAL AMOUNT OF NEW SCHOLARSHIP AWARDS AT ITS
ANNUAL M	EETING. THE AMOUNT IS DIVIDED EVENLY AMONG THE LAW SCHOOLS SO THAT EACH LAW SCHOOL IS ALLOCATED
ONE-FIFTH	OF THE NEW AWARDS. THIS AMOUNT, COMBINED WITH AMOUNTS PREVIOUSLY COMMITTED BY THE BOARD FROM
EARLIER Y	EARS, IS TRANSFERRED AT THE DIRECTION OF THE LAW SCHOOLS. ALLOCATIONS TO THE LAW SCHOOLS ARE EQUAL,
WITH THE !	NUMBER OF SCHOLARS AND INDIVIDUAL SCHOLARSHIP AMOUNTS VARYING BY LAW SCHOOL. PAYMENTS ARE
MADE TWIC	CE A YEAR, ONE TRANSFER FOR FALL SEMESTER TUITION AND ONE TRANSFER FOR SPRING SEMESTER TUITION. EACH
LAW SCHO	OL ALLOCATES THE TRANSFER WITH RESPECT TO THE SMITH/SHAVER SCHOLARS ATTENDING THE LAW SCHOOL.

5642 27101

IRS USE ONLY

29404-159-65019-3 202749954

A0106695

2114 TE 3

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: July 15, 2013

Taxpayer Identification Number:

20-2749954 Tax Form: 990

Tax Period: December 31, 2012

039567.202707.0148.003 1 AB 0.384 373

SMITH SHAVER LAW SCHOOL SCHOLARSHIP % KEITH W VAUGHAN ONE W FOURTH ST STE 1200 27101-3818 WINSTON SALEM NC

039567

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT **ORGANIZATION RETURN - APPROVED**

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.