Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending			, 20	
В	Check if	applicable:	C Name of organization SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, II	VC.	Employe	er identification	
	Address	change	Doing business as			20-274995	4
	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Room/suit	· [E	Telephor	ne number	
$\overline{\Box}$	Initial ret	-	C/O KEITH W. VAUGHAN, ONE WEST FOURTH STREET SUIT	E 1200		336-721-36	00
$\bar{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
Ī.	Amende		WINSTON-SALEM, NC 27101-3806		Gross re	ceipts \$	432,540.
ī		ion pending	F Name and address of principal officer: G. EUGENE BOYCE	H(a) Is this a grou	p return for	subordinates? 🔲	Yes 🗹 No
ш.	, (ppiloat	ion ponung	CAN BE LOCATED C/O KEITH W. VAUGHAN AT ABOVE ADDRESS			s included? 🔲	
_	Tay-eye	mpt status:	√ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527			ı list. (see instr	
<u>'</u>	Website		thshaverscholarship.org	H(c) Group e	xemption	number ▶	
			✓ Corporation Trust Association Other L Year of formation			of legal domic	ile: NC
	art	Summ	C ostporazion C nost C research		<u></u>		
	_	Driethed	escribe the organization's mission or most significant activities: TO PRO	MOTE AND E	NCOUR	AGE EDUC	ATIONAL
	1						
Governance			UNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED PRIMARILY	JIN NEED, FO	KNOK	III CAROLIN	<u></u>
ig.		RESIDEN	TS ATTENDING SUPPORTED NORTH CAROLINA LAW SCHOOLS.		750/ of	ito not occo	
Š	2	Check th	is box if the organization discontinued its operations or disposed o			115 1161 0556	
တ္ဗ	3	Number	of voting members of the governing body (Part VI, line 1a)		3		
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		7
ţį	5	Total nu	Tibel of filatification of the original four control of the original control o		5		0
:5	6		mber of volunteers (estimate if necessary)		6		7
Ac	7a		related business revenue from Part VIII, column (C), line 12		7a		-0-
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b		0-
-				Prior Yea	ır	Curre	nt Year
Revenue	8	Contribu	tions and grants (Part VIII, line 1h)		-0-		-0-
	9		service revenue (Part VIII, line 2g)		-0-		-0-
	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		232,621.		175,084.
æ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-0-	-	-0-
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	232,621.		175,084.
_	13	Grants	nd similar amounts paid (Part IX, column (A), lines 1–3)		300,000.		300,000.
	14		paid to or for members (Part IX, column (A), line 4)		-0-		-0-
	45		other compensation, employee benefits (Part IX, column (A), lines 5–10)		-0-		-0-
Expenses	10		onal fundraising fees (Part IX, column (A), line 11e)		-0-		-0-
eü	16a				A Super	4	
X	- b		ndraising expenses (Part IX, column (D), line 25)		30,411.		31,564.
-	''		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			 	331,564.
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		330,411.		
	19	Revenue	e less expenses. Subtract line 18 from line 12	(Beginning of Cur	97,790.)		(156,480.) of Year
Net Assets or	8			<u> </u>			
sets	20		sets (Part X, line 16) . .		<u>428,152.</u>	ļ	6,516,500.
ţ	<u>2</u> 21		bilities (Part X, line 26)		<u>300,000.</u>		300,000.
Ž,	₹ 22	Net ass	ets or fund balances. Subtract line 21 from line 20	6,	128,152.		6,216,500.
E	art II		ture Block				
U	nder pen	alties of perj	ury, I declare that I have examined this return, including accompanying schedules and state	nents, and to th	e best of	my knowledge	and belief, it is
tr	ue, corre	ct, and com	olete. Declaration of pregarer (other than officer) is based on all information of which preparer	nas any knowie			
			W. Oil & Jul.		୫ -	<u> 14-15</u>	
Si	ign	Sig	nature of officer	Dat	е		
H	ere		W. David Edwards Decretary / rea	ssiver			<u> </u>
		Typ	e or print name and title				
_		Print/T	ype preparer's name Preparer's signature Da	te	Check	☐ if PTIN	
	aid					ployed	
	repar	1		Firm	's EIN ▶		
U	se On				ne no.		
1.4	av tha i		address ► ss this return with the preparer shown above? (see instructions)	1 . 10		r	Yes No
(VI	ay ine i	no uiscu	so this return with the preparer shown above: (see instructions)	<u> </u>			

1 Briefly describe the organization's mission: TO PROMOTE AND ERCOLORAGE EDUCATIONAL OPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED. PRIMARILY ON NEED, FOR NORTH CAROLINA RESIDENTS ATTENDING THE LAW SCHOOLS AT CAMPBELL UNIVERSITY. DINC UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY. THE UNIVERSITY OF NORTH CAROLINA AT CHAPFEL HILL. AND WARF FOREST INWESTITY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 1950 or 990-527	TO PROMOTE AND ENCOURAGE EDUCATIONAL OPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED PRIMABILY ON INEEL FOR NORTH CAROLINA SESIDERTS ATTENDING THE LAW SCHOOLS, AT CAMPBELL UNIVERSITY, ONKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. AND WAKE FOREST UNIVERSITY. DID the organization understate any significant program services during the year which were not listed on the prior form 990 or 990-EZ? It was a services of the seen sense services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services reviews? If "Yes," describe these changes on Schedule O. If "Yes," describe the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services or required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services or services on the services of th	Part I	Statement of Program Service Accomplishments										
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Part I	V Checklist of Required Schedules	—-т	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	\dashv	168	
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓_
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		✓_
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		✓
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	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
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	✓	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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
	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
	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
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		√
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	\vdash	+-
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Ves " complete Schedule G. Part III	19	_	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	_	0 /004 *
		For	rm サゼ	(2014

art I	V Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	\dashv	169	
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
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 25a	24a		✓
C	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	28a 28b		✓
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		1
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		1
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		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
00	Part VI	37	-	1
38	19? Note. All Form 990 filers are required to complete Schedule O	38		0 (2014
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Part				—
	Check if Schedule O contains a response or note to any line in this Part V		.	_V
		700000000000000000000000000000000000000	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
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	- Section and Section 2004		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Section 3	
	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 3b		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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	6a		./
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		_
b		6b		
7	gifts were not tax deductible?			
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	PAR PORTE	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7g		V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>├</u>
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
0	sponsoring organization have excess business holdings at any time during the year?	8	EAST-MAN COME	1944CAF CAP
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ONLY LEADING	25M 25%
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 23		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders	-		
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.00		4
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	, CISSE	12000
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	14a		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		+*
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		, aar	1/001

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo	ora	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insi	ructio	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u>· · · </u>	✓
Section	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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			
b 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 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		√
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 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a	✓	> > > -
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	TARRES STATEMENT	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<u> </u>	
a	The governing body?	8b	7	
9 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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		/
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_
11a	Has the organization provided a complete copy of this point and the interpretation to review this Form 990		V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		25000
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	_
13 14 15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		✓
16a	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		
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE REQUIRED			
17 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.	n 501	(c)(3)	s only)
19	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: -	
	W BAUD FOUADDO DOVATE ADDOLCC (CEE CCHEIVII E (LEOD CIMIACI INFORMATION)			

Form 990 (2014)

	· · · · · · · · · · · · · · · · · · ·					
Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Com	pensated Employe	es, 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.

Cl. Objects this have if neither the expenientian per any related organization compensated any current officer director, or trustee.

Check this box if neither the organization no	r any related	d orga	aniz	<u>atio</u>	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
	(C)									
(A)	(B)	(R) Position					(D)	(E)	(F)	
Name and Title	Average					than c		Reportable	Reportable	Estimated
Traine and Trae	hours per			nless person is both an Reportable compensation					compensation from	amount of
	week (list any hours for	2 5	5	Q	조	역표	굿	from the	related organizations	other compensation
	related	흑호	≨	Officer	ey e	age gage	Former	organization	(W-2/1099-MISC)	from the
	organizations	였다	흏	*	di	yee o	24	(W-2/1099-MISC)		organization
	below dotted line)	Ť =	<u>a</u>		Key employee] ਬੂ	İ			and related organizations
	1110)	Individual trustee or director	Institutional trustee		ď	ĕ				
			8			Highest compensated employee	Ì			
		ļ				<u> </u>				
(1) G. EUGENE BOYCE	1.2									
DIRECTOR, PRESIDENT, BOARD CHAIR		✓		✓				-0-	-0-	-0-
(2) KEITH W. VAUGHAN	0.5									
DIRECTOR, VICE PRES., BOARD VICE CHAIR		✓		✓				-0-	-0-	-0-
(3) W. DAVID EDWARDS	2.5									
DIRECTOR, SECRETARY, TREASURER		1		✓	<u> </u>			-0-	-0-	-0-
(4) ARCH T. ALLEN	0.5						ŀ	,		
DIRECTOR		1				<u> </u>	乚	-0-	-0-	-0-
(5) WANDA G. BRYANT	0.5				ļ		ļ			_
DIRECTOR		1	<u> </u>	_	_	ļ	<u> </u>	-0-	-0-	-0-
(6) DONALD L. SMITH	0.5							1		_
DIRECTOR		✓		<u> </u>	 _		├	-0-	-0-	-0-
(7) COLON WILLOUGHBY, JR.	0.5				l					
DIRECTOR		✓	<u> </u>	┡	-	ļ	ļ	-0-	-0-	-0-
(8)		┨		1						
(9)		\vdash	1	-	\vdash					
.(0)		1								
(10)									}	
		ļ	$oxed{}$	<u> </u>	1_		-			
(11)			1		l		İ			
		-	╁—	⊢	╀		╁	-		
(12)		1								
(13)			T	Γ	T		T			
3						<u> </u>	ot			
(14)		-	1							
		1	1	1	1		1			

Fait	(A) Name and title	(B) Average hours per week (list any	(do no box, u	ot ch unles er and	Posi eck s pe	ition more rson irect	than c is both or/trust	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)												
(16)												
(17)												
(18)												
(19)					i							
(20)												
(21)												
(22)					<u> </u>	-						
(23)			-									
		<u> </u>			<u> </u>	<u> </u>						
(25)					-							
1b	Sub-total								-0-		-0-	-0-
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							▶	-0-	+	-0- -0-	-0- -0-
2	Total number of individuals (including bureportable compensation from the organ	t not limite	d to t	hos	e lis	ted	abov	e) v	vho received m	ore than \$1	00,000	of
3	Did the organization list any former o employee on line 1a? If "Yes," complete	fficer, direc	ctor,	or t	rust inc	tee, livia	key lual	em	ployee, or high	hest compe	nsated	Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portanan \$	ble 150	cor ,00	npe 0? /	nsations If "Ye	on a es,"	and other complete Sci	pensation fr hedule J fo 	om the or such 	
5	Did any person listed on line 1a receive for services rendered to the organization	or accrue c	comp	ensa elete	tior Sc.	n fro hed	m an ule J	y ui <i>for</i>	nrelated organi such person	zation or ind	dividua 	I 5 ✓
Section	on B. Independent Contractors										- ¢10	2 000 of
1	Complete this table for your five highest compensation from the organization. Re year.	port compe	ted in ensati	idep ion 1	for t	he o	calend	rac dar	year ending wi	th or within	the org	ganization's tax
(A) Name and business address (B) Description of services										(C) Compensation		
NONE								+				
								F				
	Total number of independent contract	ors (includ	ina h	ust i	not	lim	ited t		hose listed at	oove) who		
2	received more than \$100,000 of comper	sation from	n the	orga	niza	atio	ı ▶		-0-			and the second

Part	VIII	Check if Schedule O		roer	onee or r	note tr	any line in this	Part VIII		
-5000		Check if Schedule O	COMans a	COL	onse or i		(A) Total revenue	(B) Related or	(C) Unrelated	(D)
							Total revenue	exempt :	business	Revenue excluded from tax
			147					function revenue	revenue	under sections 512-514
8 8	1a	Federated campaigns		1a		-0-				
E a	b	Membership dues .		1b		-0-	79.4			
عَ وَا	c	Fundraising events .		1c		-0-				
T A	d	Related organizations	· · · -	1d		-0-				
5 월	-	Government grants (cont	 	1e		-0-				
충흥	f	All other contributions, gi								
		and similar amounts not incl		1f		-0-				
풀	q	led in lines 1a-1	:\$		-0-					
Contributions, Gifts, Grants and Other Similar Amounts	h					•	-0-			
9					Business	Code				
ē	2a									
æ	b									
je Je	С									
Ser	d									
Ę	е									_
Program Service Revenue	f	All other program serv			-0-		-0-	-0-	-0-	-0-
7	g	Total. Add lines 2a-2				<u>. </u>	-0-			
	3	Investment income				erest,				474.004
		and other similar amo	-				174,024.	-0-	-0-	174,024.
	4	Income from investment				ds▶	-0-	-0-	-0-	-0-
	5	Royalties	(i) Real	•	(ii) Perso	, ►	-0-	-0-	-0-	-0-
	_		(I) near		(II) Feisc					
	6a	Gross rents		-0-		-0-		167		9.0
	b	Less: rental expenses		-0- -0-		-0-				
	, c	Rental income or (loss) Net rental income or ((1000)			-0-	-0-	-0-	-0-	-0-
	d 7a	Gross amount from sales of	(i) Securitie	<u>.</u>	(ii) Oth	er	-0-	-0-	Ş	9
	10	assets other than inventory	258,		(7)	-0-				
	Ь	Less: cost or other basis	230,	5 10.						
		and sales expenses .	257,	45G		-0-				100
	С	Gain or (loss)		060.		-0				
	ď	Net gain or (loss) .					1,060.	-0-	-0-	1,060.
	-	(101 gam) or (1225)	,					Programme Company		
Ë	8a	Gross income from fu	undraising							
evenue		events (not including \$	-0	-						
Ŗ.		of contributions reporte	ed on line 1c							
ē		See Part IV, line 18 .		а		-0-				
Other	b	Less: direct expenses	s	b		-0-				
U	С	Net income or (loss) f	rom fundrais	sing	events	. 🕨	-0-		-0	-0-
	9a	Gross income from ga					SELECTION OF SERVICE			
		See Part IV, line 19 .				-0-				
	b	Less: direct expenses				-0-	ALCON MINISTER PRO			
	С	Net income or (loss) f			ivities .	<u>. ►</u>	-0-	-0-	-0-	-0-
	10a	Gross sales of ir							14.	
		returns and allowance		a		-0				
	b	Less: cost of goods sold b						4. 8. 4.	0-	
	<u> </u>	Net income or (loss) i		I INV	Business	Code	-0-	-0-	-0-	-0-
		wiscellaneous F	ICAQI INQ		- Dualitess	. 5506				
	11a								-	
	b						 			
	4	All other revenue .					-0	-0-	-0-	-0-
	d	Total. Add lines 11a-	 -11d		-0-		-0			
	12	Total revenue. See i		•		. •	175,084			175,084.
	· ·-	. 5101.01011001.0001		.			1,0,004	-1	·	Form 990 (2014)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
5	Check if Schedule O contains a respons	(A)	(B)		<u> </u>				
8b, 9b,	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses				
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	-0-	-0-						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	300,000.	300,000.						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-0-	-0-						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	-0-	-0- -0-	-0-	-0-				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-0-	-0-				
7 8	Other salaries and wages	-0-	-0-	-0-	-0-				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	-0- -0-	-0-	-0- -0-	-0- -0-				
10	Payroll taxes	-0-	-0-	-0-	-0-				
11	Fees for services (non-employees):	-0-	-0-	-0-	-0-				
a b	Management	-0-	-0-	-0-	-0-				
С	Accounting	-0-	-0-	-0-	-0-				
d	Lobbying	-0-	-0-	-0-	-0-				
е	Professional fundraising services. See Part IV, line 17	-0-			-0-				
f	Investment management fees	31,504.	-0-	31,504.	-0-				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-0-	-0-	-0-	-0-				
12	Advertising and promotion	-0-	-0-	-0-	-0-				
13	Office expenses	-0-	-0-	-0-	-0-				
14	Information technology	-0-	-0-	-0-	-0-				
15	Royalties	-0-	-0-	-0-	-0-				
16	Occupancy	-0-	-0-	-0-	-0-				
17	Travel	-0-	-0-	-0-	-0-				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-				
19	Conferences, conventions, and meetings .	-0-	-0-	-0-	-0-				
20	Interest	-0-	-0-	-0-	-0-				
21	Payments to affiliates	-0-	-0-	-0-	-0-				
22	Depreciation, depletion, and amortization .	-0-	-0-	-0-	-0-				
23	Insurance	-0-	-0-	-0-	-0-				
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) amount, list line 24e expenses on Schedule 0.) WIRE TRANSFERS	20	-0-	60.	-0-				
a b	WIRE TRANSFERS	60.	-0-	00.					
c d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	331,564.	300,000.	31,564.	-0-				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				Form 990 (2014)				
					FUNTI 230 (2014)				

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F		· · ·	<u> L</u>
	,		(A) Beginning of year		(B) End of year
Т	1	Cash—non-interest-bearing	877.	1	817.
l	2	Savings and temporary cash investments	299,862,	2	185,673.
- 1	3	Pledges and grants receivable, net	-0-	3	-0-
	4	Accounts receivable, net	-0-	4	-0-
-	5	Loans and other receivables from current and former officers, directors,	THE RESIDENCE OF THE PROPERTY		
		trustees, key employees, and highest compensated employees.		5	
		Complete Part II of Schedule L	-0-		-0-
	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		6	-0-
Assets	7	Notes and loans receivable, net	-0-	7	-0-
SS	7 8	Inventories for sale or use	-0-	8	-0-
~	9	Prepaid expenses and deferred charges	-0-	9	-0-
	э 10а	Land, buildings, and equipment: cost or			
	IVA	and the property of the last	0-		
	b			10c	-0-
	11	Investments—publicly traded securities	6,127,413.	* ** **	6,330,010.
	12	Investments—other securities. See Part IV, line 11	-0-		-0-
	13	Investments—program-related. See Part IV, line 11	-0-		-0-
	14	Intangible assets	-0-	-	-0-
	15	Other assets. See Part IV, line 11	-0-		-0-
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,428,152.	+	6,516,500.
_	17	Accounts payable and accrued expenses	-0-		-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-
ú	22	Loans and other payables to current and former officers, directors	,		
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	.0-	. 22	-0
<u> </u>	00	Secured mortgages and notes payable to unrelated third parties	-0-		-0
_	23 24	Unsecured notes and loans payable to unrelated third parties	-0-	 	-0
		Other liabilities (including federal income tax, payables to related third		†	
	25	parties, and other liabilities not included on lines 17-24). Complete Part 3			
		of Schedule D	-0	. 25	-0
	26	Total liabilities. Add lines 17 through 25	300,000	26	300,000
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ an complete lines 27 through 29, and lines 33 and 34.	nd o		
ၓၘ	07	Unrestricted net assets		27	
<u>8</u>	27	Temporarily restricted net assets		28	
ä	28	Permanently restricted net assets		29	
Net Assets or Fund Balances	29	Organizations that do not follow SFAS 117 (ASC 958), check here ► ✓ arcomplete lines 30 through 34.	d New York		TENERS OF
ō			-0	- 30	-0
ets	30	Capital stock or trust principal, or current funds	-0		-0
SS	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .	6,128,152	_	6,216,500
et /	32	Total net assets or fund balances	6,128,152		
ž	33	Total liabilities and net assets/fund balances	6,428,152		
	34	Total liabilities and het assets/fund balances	0,720,102		Form 990 (2014

orm 990				
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>175,084.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>331,564.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>56,480.)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>128,152.</u>
5	Net unrealized gains (losses) on investments	5		<u> 244,828.</u>
6	Donated services and use of facilities	6		-0-
7	Investment expenses	7		-0-
8	Prior period adjustments	8		-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1		
	33, column (B))	10	6,	,216,500.
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		Y	BS 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," e Schedule O.			
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 correviewed on a separate basis, consolidated basis, or both:	 npiled or	2a	V
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited basis, consolidated basis, or both:	 ted on a	2b	-
С	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 of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, or Schedule O.	ountant?	2c	
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unrequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such	dergo the audits.	3b	
			Form S	990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20**14**

Open to Public Inspection

Name of the organization	IIIOMIAUON ADOU	Contedute A (FOI)	11 330 01 330-LE) and 163 1	1100 00001	1	Employer identification	number	
SMITH/SHAVER LAW SCI	HOOL SCHOLAD	SHID FILIND INC			-	20-274		
Part I Reason for	or Public Char	ity Status (All	organizations must	complet	e this pa			
The organization is not	a private foundat	tion because it is	s: (For lines 1 through	11, chec	k only on	e box.)		
1 A church, conv	ention of church	es, or association	on of churches descril	oed in se	ction 170)(b)(1)(A)(i).		
			(Attach Schedule E.)					
3 A hospital or a	cooperative hos	pital service org	anization described ir	section	170(b)(1))(A)(iii).		
hospital's nam	e, city, and state	:	onjunction with a hosp					
section 170(b)	section 170(b)(1)(A)(iv). (Complete Part II.)							
7 An organizatio	The state of the s							
			(1)(A)(vi). (Complete F					
receipts from support from acquired by th	activities related gross investme e organization at	I to its exempt nt income and fter June 30, 197	re than 331/3% of its functions—subject to unrelated business to 5. See section 509(a	certain (axable ir)(2). (Cor	exceptior acome (le aplete Pa	ns, and (2) no more ess section 511 ta: irt III.)	than 33¹/₃% of its	
10	n organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).		
one or more p	ublicly supported	l organizations d	ively for the benefit of, lescribed in section 50 the type of supporting	09(a)(1) o	' section	509(a)(2). See secti	on 509(a)(3). Check	
the supporte organization	d organization(s) . You must com) the power to re plete Part IV, S	supervised, or control egularly appoint or ele sections A and B.	ct a majo	rity of the	e directors or trustee	s of the supporting	
control or ma organization	anagement of the (s). You must co	e supporting org	d or controlled in conr ganization vested in th , Sections A and C.	e same p	ersons th	nat control or manag	e the supported	
its supported	d organization(s)	(see instruction:	ng organization operat s) . You must comple	te Part I\	, Section	ns A, D, and E.		
that is not fu requirement	nctionally integra (see instructions	ated. The organi s). You must co	porting organization o ization generally must mplete Part IV, Secti	satisfy a ons A an	distributi d D, and	on requirement and Part V.	an attentiveness	
e Check this b	ox if the organiz	ation received a	written determination	from the	IRS that	it is a Type I, Type I	i, Type III	
functionally i	integrated, or Ty	pe III non-functi	onally integrated supp	orting or	ganizatio	n.		
							5	
			ported organization(s).			Ad Amount of monetany	/vii Amount of	
(i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	1–9 listed in your governing support (see other support (see instructions)				
			(000 mondono)/	Yes	No			
(A)							-0-	
CAMPBELL UNIVERS	SITY, INC.	56-0529940	2	1		60,000.	-0-	
(B) DUKE UNIVERSITY		56-0532129	2	1		60,000.	-0.	
(C) NORTH CAROLINA C UNIVERSITY		56-6000730	2	/		60,000.	-0-	
(D) UNIVERSITY OF NOF AT CHAPEL HILL	RTH CAROLINA	56-6001393	2	✓		60,000.	-0-	
(E) WAKE FOREST UNIV	FRSITY	56-0532138	2	1		60,000.	-0	
MAULIOKESI OMM	F175111		_	Section Residence Assessments	Secretary of the second	9		

Total

300,000.

-0-

Schedule A (Form 990 or 990-EZ) 2014 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A Public Support

	der veer (er fissel veer beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	dar year (or fiscal year beginning in)	(a) 2010	(6) 2011	(6) 2012	(a) 2013	(e) 2014	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
	· · · · · · · · · · · · · · · · · · ·						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_	- <u>-</u>						
3	The value of services or facilities	1					
	furnished by a governmental unit to the organization without charge						
	-						
4	Total. Add lines 1 through 3	n Laurenten (1900)			Parit Mark Large yang		
5	The portion of total contributions by						
	each person (other than a	4.56					
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	19 Jan 19 77 G CN			Angelon Angelon		
	· '' ''						
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support					The second secon	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(a) 2010	(0) 2011	(6) 2012	(d) 2010	(6) 2014	(i) Total
8	Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties and income from similar	,					
	sources						
9	Net income from unrelated business					1	
9	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	, ,					
	(Explain in Part VI.)	,					
11	Total support. Add lines 7 through 10			Y 94.75 STATES		200 YEAR OF	
12	Gross receipts from related activities, etc.	. (see instruction	ons)		10-ys (400 % Sevil) _3g-120 1	12	
13	First five years. If the Form 990 is for th					ear as a sectio	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1, column (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	331/3% support test-2014. If the organiz					/3% or more, cl	neck this
	box and stop here. The organization qual	lifies as a publ	icly supported	organization			. ▶ 🗆
b	331/3% support test-2013. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	or more,
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	janization .		. ▶ 🗆
17a	10%-facts-and-circumstances test-20)14. If the orga	anization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization med	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets the "f	acts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly su	upported
	organization	·					. ▶ 🗀
b	10%-facts-and-circumstances test-20)13. If the oras	anization did n	ot check a box	on line 13, 16	Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see
	instructions						. 🕨 🗆

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support				F.,		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	· •			ļ	ļ		
C	Add lines 7a and 7b	1077 (1077 M			(1.00 pm, 1.00 st.) (1.00 pm, 1.00 pm		
8	Public support (Subtract line 7c from						
Casti	line 6.)		1 = (4 + 3/8 + 1 + 1/6/2)		。 1. 数本 13 数数数据 23 页 15 页 25	<u> </u>	
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Galen 9	Amounts from line 6	(a) 2010	(0) 2011	(6) 2012	(u) 2010	(0) 2014	(i) Total
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organizatio	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8					15	<u>%</u>
16	Public support percentage from 2013 Sch			· · · · ·		16	<u>%</u>
	on D. Computation of Investment In			lima 10	(6)	147	0/
17	Investment income percentage for 2014 (17	<u>%</u>
18	Investment income percentage from 2013	Schedule A,	Part III, line 17		and Done 47 to co	18	%
19a	331/3% support tests—2014. If the organ	ization did not	t check the bo	x on line 14, a	na line 15 is if	orted organization	o, anu line on ► 🗀
_	17 is not more than 331/3%, check this box						
b	33 ¹ /3% support tests—2013. If the organiz	ation did not d	cneck a box on	line 14 or line	19a, and line 16	is more than 3	o /3%, and
	line 18 is not more than 331/3%, check this l	oox and stop i	nere. The organ	ization qualifies	s as a publicly s	upported organi	zation 🕨 📋
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instruc	tions 🕨 📋

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	✓	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	Sec. 5	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		✓
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		/
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		1
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	Similaria Victoria	1
10a	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		1

Scheda	le A (FOITI 990 of 990-EZ) 2014	
Part	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a ✓
h	A family member of a person described in (a) above?	11b ✓
Ü	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c 🗸
Secti	ion B. Type I Supporting Organizations	
-		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	ion C. Type II Supporting Organizations	152 150
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Sect	ion D. All Type III Supporting Organizations	ly In
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
Sect	tion E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions):
a	The state of the Astriction Test Complete line 2 holow	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	The second second and the second seco	(see instructions
•		Yes N
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a
b	and activities of each	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must cor	trus nplet	t on Nov. 20, 1970. See te Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<u> </u>
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	•	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		4
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity		.1	
3_	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	h the evenimetion is rea	nonciro	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	polisive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	Life 6 amount divided by Line 5 amount	-	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			The Commence of the Commence o
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
C				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			V state and state of the state
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D. line 7: \$			
	D, line 7: \$ Applied to underdistributions of prior years		<u> 1986 kungan di Agua, mang di Asaraga, per dalambah bah</u>	
<u>a</u> _ b	Applied to underdistributions of prior years Applied to 2014 distributable amount		r e	
<u>C</u>	Remainder, Subtract lines 4a and 4b from 4.	Section 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
C				
d	Excess from 2013			
<u> </u>	Excess from 2014			A (Form 990 or 990-EZ) 201

Part VI Supplemental Information. 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, LINES 11a & 11f. THE JUNE 3, 2005 IRS LETTER RULING PROVIDES THE SCHOLARSHIP FUND WITH PUBLIC CHARITY STATUS
PURSUANT TO INTERNAL REVENUE CODE SECTION 501(a)(3) BUT DOES NOT SPECIFY THE TYPE. THE SCHOLARSHIP FUND'S
FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S WEBSITE AT www.smithshaverscholarship.org.
PART IV, SECTION A, LINE 2. THE SUPPORTED ORGANIZATIONS ARE EDUCATIONAL INSTITUTIONS. THREE UNIVERSITIES ARE TAX-
EXEMPT SECTION 501(c)(3) EDUCATIONAL ORGANIZATIONS CLASSIFIED BY THE IRS AS PUBLIC CHARITIES. ALL THREE ARE
SECTION 170(b)(1)(A)(ii) ORGANIZATIONS. THE REMAINING UNIVERSITIES ARE STATE GOVERNMENT ENTITIES. IT IS NOTED
THAT UNC-CHAPEL HILL, ALTHOUGH A GOVERNMENT ENTITY, HAS AN IRS LETTER STATING THAT IRS RECORDS INDICATE THAT
IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS DESCRIBED IN SECTIONS 509(a)(1) AND 170(b)(1)(A)(ii). THE IRS DOES NOT LIST
NORTH CAROLINA CENTRAL UNIVERSITY AS A PUBLIC CHARITY. WHETHER THE IRS LETTER APPLICABLE TO UNC-CHAPEL HILL
CAN BE EXTENDED TO OTHER MEMBERS OF THE UNC SYSTEM, NORTH CAROLINA CENTRAL UNIVERSITY ITSELF IS A GOVERNMENT
ENTITY AS WELL AS AN EDUCATIONAL INSTITUTION.
ENTIT AS WELL AS A STATE OF THE
PART IV, SECTION B, LINE 1. AS PERMITTED BY THE REGULATIONS AND IN ACCORD WITH THE FORM 1023 APPLICATION RESULTING
IN THE JUNE 3, 2005 IRS LETTER RULING GRANTING SUPPORTING ORGANIZATION STATUS TO THE SCHOLARSHIP FUND,
FIVE BOARD MEMBERS (OF A TOTAL OF SEVEN BOARD MEMBERS) ARE APPOINTED BY THE DEANS OF THE
SUPPORTED ORGANIZATIONS. EACH DEAN APPOINTS ONE BOARD MEMBER TO REPRESENT HIS OR HER LAW SCHOOL.
THE SCHOLARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S
WEBSITE AT www.smithshaverscholarship.org. FURTHER, EACH LAW SCHOOL RECOMMENDS STUDENTS ELIGIBLE FOR A
SMITH/SHAVER SCHOLARSHIP. THE LAW SCHOOL REPRESENTATIVE ON THE BOARD MAKES SELECTIONS FROM THE
STUDENTS RECOMMENDED THE RESPECTIVE SUPPORTED LAW SCHOOL.

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

7

8

9

Supplemental Financial Statements

► 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. 20-2749954 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6

organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (ii) Assets included in Form 990, Part X ▶ \$___
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- **b** Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of A	rt, Historical T	reasures, or Ot	her Similar Ass	ets (continued)		
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follow	ving that are a sig	nificant use of its		
а	☐ Public exhibition			or exchange progi				
b	☐ Scholarly research		e 🗌 Other					
С	☐ Preservation for future generations					a in Disa		
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Part	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?				other assets not	Yes 🗌 No		
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able:	1			
				<u>-</u>		ount		
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance	t on Form 000 Po	ort V line 21 for e			☐ Yes ☐ No		
2a h	If "Yes," explain the arrangement in Pa	art XIII Check here	if the explanation	n has been provide	ed in Part XIII .			
Par		art Am. Officer fiere	on the explanation	Triac Scori provid				
	Complete if the organization	answered "Yes"	' to Form 990, F	art IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		
1a	Beginning of year balance	6,428,152.	6,213,593.	5,831,594.	6,057,001.	5,667,811.		
b	Contributions	-0-	-0-	-0-	-0-	-0-		
С	Net investment earnings, gains, and							
	losses	419,912.	544,970.	711,308.	101,756.	715,191.		
d	Grants or scholarships	300,000.	300,000.	300,000.	300,000.	300,000.		
е	Other expenditures for facilities and							
	programs	-0-	-0-		-0-	-0-		
f	Administrative expenses	31,564.	30,411.	T	27,163.	1		
g	End of year balance	6,516,500.	6,428,152.			6,057,001.		
2	Provide the estimated percentage of t			j, column (a)) neid	as:			
a	Board designated or quasi-endowmen		<u>0</u> %					
b	Permanent endowment							
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2		1004					
20	Are there endowment funds not in the	e nossession of th	ne organization th	at are held and ac	Iministered for the)		
Ja	organization by:	o possession or a	o organization to			Yes No		
	(i) unrelated organizations					3a(i) ✓		
	(ii) related organizations					3a(ii) ✓		
b	If "Yes" to 3a(ii), are the related organ	izations listed as r	equired on Sched	lule R?		3b		
4	Describe in Part XIII the intended uses	s of the organization	on's endowment f	unds.		-		
Par	t VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes	" to Form 990, F					
	Description of property	(a) Cost or ot (investm		other)	Accumulated lepreciation	(d) Book value		
1a	Land			***				
b	Buildings	•						
C	Leasehold improvements							
d	Equipment							
e	Other							
Total	. Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, colum	n (B), line 10c.) .	<u> ▶ </u>			

Part VII	Investments—Other Securi Complete if the organization		m 000 Part IV lin	o 11h Soo Form	990 Part V line 12
	(a) Description of security or cat (including name of security	()	(b) Book value		hod of valuation: -of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)	=======================================				
(B)					
(C)					<u></u>
(D)					
(E)		***************************************			
(F)					
(G)					
(H)		. 1 k		Service Tribution (Section 19	
	b) must equal Form 990, Part X, col. (B) line 12		<u> </u>		
Part VIII	Investments – Program Rel		000 D-+ N/ I'-		000 Day V Bra 10
	Complete if the organization		T		
	(a) Description of investme	nt	(b) Book value		thod of valuation: -of-year market value
(1)					
(2)					
(3)					
<u>(4)</u>		And the second s			
(5)					
(6)					
(7) (8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13	.j >		48.5% 45.0%	
Part IX	Other Assets.	<u> </u>	l	1	
	Complete if the organization	answered "Yes" to For	m 990, Part IV, lir	e 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part	X, col. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organization	answered "Yes" to For	m 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·			***
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)			: 578000		
(4)					
(5)					
(6)					
(7)					
(8)					조절로 살림하는 모르
(9)					
	b) must equal Form 990, Part X, col. (B) line 25			<u>o pakai 1991.</u>	
Liability for	uncertain tax positions. In Part XIII,	provide the text of the footn	ote to the organization	on's financial stateme	ents 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

Part			Return.
	Complete if the organization answered "Yes" to Form 990, F		
	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	2b	
	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
		4b	4c
_c	Add lines 4a and 4b	10)	5
		nents With Evnenses n	. 1
Part	Complete if the organization answered "Yes" to Form 990, I	Part IV line 12a	
	Total expenses and losses per audited financial statements	raitiv, into 12a.	1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2	Donated services and use of facilities	2a	
a	Prior year adjustments	2b	
b	Other losses		
c d	Other (Describe in Part XIII.)		
	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18.)	5
Part	XIII Supplemental Information.	•	
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional i	nformation.
PART V	, LINE 4. THE ENDOWMENT WAS ESTABLISHED, AND HAS BEEN USED EX	CLUSIVELY, TO SUPPORT T	HE LAW SCHOOLS AT
•			
CAMPI	BELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVE	RSITY, THE UNIVERSITY OF	NORTH CAROLINA AT
CHAPE	L HILL, AND WAKE FOREST UNIVERSITY, PURSUANT TO THE JUNE 3, 2004	ORDER OF THE HONORAB	LE HOWARD E.
MANN	NG, JR., NORTH CAROLINA SUPERIOR COURT JUDGE, IN THE CONSOLIDA	TED CLASS ACTIONS KNOW	VN AS SMITH V. STATE
			THE CHARTET IS TO
OF NO	RTH CAROLINA AND SHAVER v. STATE OF NORTH CAROLINA. THE PRIMA	RY INTENDED USE OF THE I	ENDOWMENT IS TO
		DTED LAW COULOU C	
PROVI	DE SCHOLARSHIPS, BASED PRIMARILY ON NEED, TO ATTEND THE SUPPO	RIED LAW SCHOOLS.	

Schedule D (Form 990) 2014 Part XIII Supplemental Information (continued)	
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	1244

SCHEDULE I (Form 990)

Governments, and Individuals in the United States

OMB No. 1545-0047 2014

		ၓ	Complete if the orga	ization answered "	Yes" to Form 990,	if the organization answered "Yes" to Form 990, Part IV, line 21 or 22	. •		
Department of the Treasury		acite analysis		► Attach to Form 990.	Form 990. d its instructions is	► Attach to Form 990. • Action 900 and its instructions is at www.irs.gov/form990.	m990.		Open to Public Inspection
Name of the organization								Employer identification number	ication number
SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.	CHOOL SCHOLAR	SHIP FUND, INC	o					20-	20-2749954
Part General	General Information on Grants and Assist	Grants and	Assistance						
1 Does the organi	Does the organization maintain records to substantiate the ar	ecords to subs	stantiate the amou	nt of the grants or	assistance, the g	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or the grants or ass	sistance, and	☑ Yes
Describe in Part	t IV the organizat	ion's procedur	es for monitoring	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.			
	nd Other Assis	stance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete i	f the organization	າ answered "	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
Fart IV, line 21, Tor	ne 21, ror any re	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	Part IV, line 21, for any recipient triat received filter triation (d) Amount of cash (e) Amount of non-floors of valuation (g) Description (g	(g) Description of	J.,	(h) Purpose of grant
or government	, ++		if applicable	grant		other)	non-cash assistar	90	of descision for
(1)									
(2)	1 1 2 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4								!
(2)									
(4)									
(5)									
(9)									
(<u>a</u>)									
(8)									
(6)									
(10)									
(11)									
(12)							-		
2 Enter total num	ber of section 50	01(c)(3) and governizations lister	Enter total number of section 501(c)(3) and government organizat 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 Enter total number of other organizations listed in the line 1 table	line 1 table			A A	
l g	on Act Notice, see	e the Instruction	ns for Form 990.		O	Cat. No. 50055P		Sel	Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance (b) N	lumber of sipients	(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	57	300,000.	-0	N/A	N/A
2					
8					
4					
D					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information	required in Part I, lir	ie 2, Part III, columi	(b), and any other addit	ional information.
PART I, LINES 1 & 2. THE SCHOLARSHIP FUND MAINTAINS RECORDS OF TRANSFERS OF FUNDS AS DIRECTED BY THE FIVE SUPPORTED LAW SCHOOLS, INCLUDING WIRE	NINS RECORDS OF	TRANSFERS OF FUND	S AS DIRECTED BY TH	HE FIVE SUPPORTED LAW S	CHOOLS, INCLUDING WIRE
TRANSFERS AND FINANCIAL RECORDS AS WELL AS THE SCHOLARSHIP FUND'S FINANCIAL INSTITUTIONS' MONTHLY STATEMENTS, AND ALL ARE AVAILABLE TO BOARD MEMBERS.	HE SCHOLARSHIP	FUND'S FINANCIAL IN	STITUTIONS' MONTHL	Y STATEMENTS, AND ALL A	RE AVAILABLE TO BOARD MEMBERS.
THE SCHOLARSHIP FUND WORKS WITH THE ADMISSIONS OFFICE OF EACH SUPPORTED LAW SCHOOL, WHICH RECOMMEND SCHOLARSHIP CANDIDATES BASED ON THE CRITERIA	ONS OFFICE OF EA	CH SUPPORTED LAW	SCHOOL, WHICH REC	OMMEND SCHOLARSHIP CA	NDIDATES BASED ON THE CRITERIA
PROVIDED BY THE SCHOLARSHIP FUND IN ACCORDANCE WIT	NCE WITH THE JUN	IE 3, 2004 ORDER OF T	HE HONORABLE HOW	/ARD E. MANNING, JR., NOR	H THE JUNE 3, 2004 ORDER OF THE HONORABLE HOWARD E. MANNING, JR., NORTH CAROLINA SUPERIOR COURT.
BOARD MEMBERS ALSO MEET WITH SMITH/SHAVER SCHOLA	CHOLARS FROM T	IME TO TIME. INDIVIDI	JAL SCHOLARSHIPS	JARY IN AMOUNT FROM LAV	RS FROM TIME TO TIME. INDIVIDUAL SCHOLARSHIPS VARY IN AMOUNT FROM LAW SCHOOL TO LAW SCHOOL
ALTHOUGH THE ANNUAL PAYMENTS TO THE LAW SCHOOLS	HOOLS ARE EQUA	L (\$60,000.00 PER LAW	SCHOOL FOR 2014).	INDIVIDUAL SCHOLARSHIPS	ARE EQUAL (\$60,000.00 PER LAW SCHOOL FOR 2014). INDIVIDUAL SCHOLARSHIPS RANGE FROM \$5,000.00 TO
\$20,000.00 PER YEAR. AWARDS ARE BASED PRIMARILY ON N	LY ON NEED. THE	RE ARE NO RESTRICTION	ONS OR LIMITATIONS	EED. THERE ARE NO RESTRICTIONS OR LIMITATIONS BASED UPON RACE OR EMPLOYMENT STATUS OF THE	NOYMENT STATUS OF THE
PROSPECTIVE RECIPIENT OR RELATIVE OF THE RECIPIENT.	:	CHOOLS MAINTAIN RE	CORDS OF THE SCHO	LARS AT EACH RESPECTIV	THE LAW SCHOOLS MAINTAIN RECORDS OF THE SCHOLARS AT EACH RESPECTIVE LAW SCHOOL AND UPDATE
THE SCHOLARSHIP FUND WITH RESPECT TO ANY SCHOLAR STATUS CHANGE.	HOLAR STATUS CH	ANGE.			
PART III, LINE 1(a). INDIVIDUAL SCHOLARSHIPS ARE AWARDED THROUGH THE LAW SCHOOLS. EACH LAW SCHOOL RECEIVES THE SAME AMOUNT EACH YEAR.	WARDED THROUG	SH THE LAW SCHOOLS	S. EACH LAW SCHOOL	L RECEIVES THE SAME AMO	UNT EACH YEAR.
PART III, LINE 1(b). THERE WERE OVER 50 SMITH/SHAVER SCHOLARS IN 2014. SOME GRADUATED DURING THE YEAR AND SOME BECAME STUDENTS DURING THE YEAR.	VER SCHOLARS IN	2014. SOME GRADUA	TED DURING THE YE	AR AND SOME BECAME STU	DENTS DURING THE YEAR.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. 20-2749954 FORM 990, PART III, LINE 1. THE SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. WAS ESTABLSIHED 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 15 & 7a. FIVE BOARD MEMBERS ARE APPOINTED TO REPRESENT THE LAW SCHOOOLS. THE REMAINING TWO 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 2014 PRIOR TO THE MARCH 2015 ANNUAL BOARD MEETING. THE FUND'S INVESTMENT MANAGER WAS CONSULTED AS NEEDED DURING THE YEAR AS WAS AN ATTORNEY SPECIALIZING IN NONPROFIT ORGANIZATIONS LAW. FORM 990, PART VI, LINE 12c. BOARD MEMBERS ABIDE BY THE CONFLICTS POLICY SET OUT IN THE BY-LAWS, WHICH REQUIRE A BOARD MEMBER, AMONG OTHER THINGS, TO DISCLOSE ANY DIRECT OR INDIRECT MATERIAL FINANCIAL INTEREST CONCERNING ANY TRANSACTION DURING 2014. THE SCHOLARSHIP FUND ENGAGED IN NO TRANSACTIONS OTHER THAN RETENTION OF ITS INVESTMENT ADVISOR, THE SETTING OF GENERAL INVESTMENT POLICY, AND TUITION PAYMENTS MADE AS DIRECTED BY THE SUPPORTED LAW SCHOOLS. FOLLOW-UP WAS UNDERTAKEN TO CONFIRM WIRE TRANSFER RECEIPTS. 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 APPROVAL. THE MINUTES REFLECT DISCLOSURE AND DISCUSSION REGARDING ANY POTENTIAL CONFLICT.

P	aq	е	2

Name of the organization	Employer identification number
SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.	20-2749954
FORM 990, PART VI, LINE 13. THE SCHOLARSHIP FUND HAS NO EMPLOYEES. ALL OFFICERS ARE ALS	O BOARD MEMBERS, FOR
THIS REASON, THE SCHOLARSHIP FUND DOES NOT HAVE A FORMAL WHISTLEBLOWER POLICY.	
FORM 990, PART VI, LINES 15a & 15b. THE SCHOLARSHIP FUND HAS NO EMPLOYEES AND THE FUND'S	BOARD MEMBERS AND
OFFICERS SERVE WITHOUT COMPENSATION. AS NO COMPENSATION IS PAID, THERE IS NO PROCESS	BY WHICH COMPENSATION
IS TO BE DETERMINED.	
FORM 990, PART VI, LINES 18 & 19. IN 2014, THE SCHOLARSHIP FUND MADE AVAILABLE THE ARTICLE	S OF INCORPORATION, BY-LAWS,
FORM 1023, FORM 990s AND RELATED SCHEDULES, AS WELL AS IRS AND NORTH CAROLINA EXEMPT	ON LETTERS, AT THE
SCHOLARSHIP FUND'S WEBSITE www.smithshaverscholarship.org. NO REQUESTS WERE MADE IN 201	4 TO INSPECT DOCUMENTS
IN PERSON.	
FORM 990, PART VI, LINE 20. MR. EDWARDS MAINTAINS THE SCHOLARSHIP FUND'S RECORDS AT A P	RIVATE RESIDENCE, WHICH
IS NOT REQUIRED TO BE DISCLOSED ON FORM 990. MR. EDWARDS, HOWEVER, MAY BE REACHED TH	ROUGH THE SCHOLARSHIP
FUND'S VICE CHAIR, KEITH W. VAUGHAN, AT THE SCHOLARSHIP FUND'S MAILING ADDRESS.	
FORM 990, PART VII. BOARD MEMBER DONALD L. SMITH, WHO REPRESENTED WAKE FOREST UNIVER	SITY LAW SCHOOL ON THE
BOARD, PASSED AWAY IN EARLY 2015. THE DEAN OF THE WAKE FOREST UNIVERSITY SCHOOL OF L	AW APPOINTED FORMER
NORTH CAROLINA COURT OF APPEALS JUDGE JOHN MARTIN AS MR. SMITH'S REPLACEMENT.	***************************************

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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OMB No. 1545-0047 2014 Inspection Employer identification number

20-2749954

Open to Publi

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 Š (f) Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. entity Yes (f)
Direct controlling (e) End-of-year assets 2 N/A 2 N/A Y X ¥. 2 N/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) GOVT, ENTITY GOVT. ENTITY 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity 2 ပ္က ပ္ ပ္က 일 (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 (4) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (a) Name, address, and EIN of related organization (3) NORTH CAROLINA CENTRAL UNIVERSITY (1) CAMPBELL UNIVERSITY INCORPORATED WINSTON-SALEM, NC EIN: 56-0532138 BUIES CREEK, NC EIN: 56-0529940 CHAPEL HILL, NC EIN: 56-6001393 (5) WAKE FOREST UNIVERSITY **DURHAM, NC EIN: 56-6000730 DURHAM, NC EIN 56-0532129** (2) DUKE UNIVERSITY Partl Part II 9 ල Q ন 9 Ξ €

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

Gener Gener mana partr	Yes							Faxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.	(h) (i) (h) Percentage Section 512(b)(13) controlled entity?	Yes							
	ON S							swered "Yes"	(g) Share of end-of-year assets								
(f) Share of end-of- Disproportionate year assets allocations?	Yes							organization and the tax year.	(f) Share of total o, or trust) income								
Share of total S income								mplete if the o	(e) Type of entity (C corp, S corp, or trust)								
(e) Predominant income (related, unrelated, excluded from tax under								n or Trust Co a corporation	(d) Direct controlling entity								
(d) Direct controlling entity is								s a Corporation ions treated as	(c) Legal domicile (state or foreign country)								
(c) Legal comicile (state or foreign country)								ions Taxable a	(b) Primary activity			Street Assessment Developed to the control of the c					
(b) Primary activity								Identification of Related Organizations line 34 because it had one or more related	d organization								
(a) Name, address, and EIN of related organization								Identification of F line 34 because it	(a) Narne, address, and EIN of related organization								
Name, rela	(1)	(2)	(3)	(4)	(5)	(9)	6	Part IV	Name		(1)	(2)	(3)	(4)	(5)	(9)	(c)

Page 3

	or 36.
	ganizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	IV, line
	90, Part
	Form 9
	Yes" on
	on answered "
	ıtion ans
	organiza
	te if the
	Comple
	zations
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	Related C
	s With F
2014	saction
(Form 990)	Tran
Schedule R	Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			9 2	Yes No
1 During the tax year, did the organization engage in any or the following transactions with one or more related organizations listed in Parts i⊩ly a Receipt of (ii) interest. (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity	or more related organ	zalions listed in Paris		1a /
b Gift, grant, or capital contribution to related organization(s)				1b
c Gift, grant, or capital contribution from related organization(s)				10 /
d Loans or loan guarantees to or for related organization(s)				1d >
e Loans or loan guarantees by related organization(s)				1e /
				Andreas and the same
f Dividends from related organization(s)				+
g Sale of assets to related organization(s)				1g ~
h Purchase of assets from related organization(s)				+
i Exchange of assets with related organization(s)				1i 🗸
j Lease of facilities, equipment, or other assets to related organization(s)				1j 🗸
K Lease of facilities, equipment, or other assets from related organization(s)			•	× =
reformance of services of membership or fundraising solicitations by related organization(s) — Performance of services or membership or fundraising solicitations by related organization(s)				1m
Sharing of facilities, equipment, mailing lists, or other				t >
Sharing of paid employees with related organization(s				10 1
				A Control of the Cont
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses				1g ~
r Other transfer of cash or property to related organization(s)				> >
s Other transfer of cash or property from related organization(s)				1s <
2 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.	omplete this line, inclu	iding covered relation	ships and transaction	n thresholds.
(a)	ē	(0)	(0)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	amount involved
(1) SEE PART VII BELOW.				
(2)				
(3)				
(4)				
(9)				
197				
(0)			Schedule R	Schedule R (Form 990) 2014

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

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.

was not a related org	Jamzauon. oco	ristructions re	garding exclusion	on for certa	in investinent pa	rmersmps.		1		
(a) Name, address, and EIN of entity	(b) Primary activity	oile	(d) Predominant income (related,	Are all partners section	(f) Share of total income	b	(h) Disproportionate allocations?	Code V—UBI	(J) General or managing	(k) Percentage ownership
		country)	from tax under	501(c)(3) organizations?		assets		of Schedule K-1 (Form 1065)	partner	
			_	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(9)										
(9)										
ω										
(8)										
(6)						·				
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2014

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
PART V. TRANSFERS ARE MADE AT THE DIRECTION OF THE SUPPORTED LAW SCHOOLS. IN 2014, TRANSFERS RELATING TO
SCHOLARSHIP AWARDS WERE MADE TO EACH LAW SCHOOL, IN THE AMOUNT OF \$60,000.00 FOR A TOTAL OF \$300,000.00.
THE SCHOLARSHIP FUND BOARD OF DIRECTORS DETERMINES THE TOTAL AMOUNT OF NEW SCHOLARSHIP AWARDS AT ITS
ANNUAL MEETING. 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 YEARS, 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
TWICE A YEAR, ONE TRANSFER FOR FALL SEMESTER TUITION AND ONE TRANSFER FOR SPRING SEMESTER TUITION. EACH
LAW SCHOOL ALLOCATES THE TRANSFER WITH RESPECT TO THE SMITH/SHAVER SCHOLARS ATTENDING THE LAW SCHOOL.

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Department of Treasury Internal Revenue Service Ogden UT 84201

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

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	20-2749954
To contact us	Phone 1-877-829-5500
	FAX 801-620-5555

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096119

Important information about your December 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990.

Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990 by August 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gcv/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- · Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.