Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. , 2015, and ending , 20

A	For the 2	015 cale	ndar year, or tax year beginning , 2015, and er	nding			, 20	
(152 V.	Check if ap		C Name of organization SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUI	ND, INC	P	Employe	er identification n	umber
-	Address ch	B	Doing business as				20-2749954	
_	Name char		Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E	Telephor	ne number	
-	Initial return		C/O KEITH W. VAUGHAN, ONE WEST FOURTH STREET	1200			336-721-3600	
	Final return/		City or town atota or province country and ZIP or foreign postal code					
_			WINSTON-SALEM, NC 27101-3806		G	Gross re	ceipts \$ 3	,708,000.
	Amended r	,	F Name and address of principal officer: G. EUGENE BOYCE		H(a) Is this a grou	p return for s	subordinates? Yes	✓ No
_	Application	n penaing	CAN BE LOCATED C/O KEITH W. VAUGHAN AT ABOVE ADDRESS				s included? Tyes	
				P 68-00 - 1 17:34	If "No,	" attach a	list. (see instruction	ons)
	Tax-exemp				H(c) Group e			
	Website:		ithshaverscholarship.org Corporation	-	2005		of legal domicile:	NC
_			Corporation Track Tracket Trac	ormacion.	2000			
L	art	Summ	escribe the organization's mission or most significant activities: TO	PROM	OTF AND F	NCOUR	AGE EDUCATI	ONAL
	1 E	Briefly de	escribe the organization's mission or most significant activities.	DIL V ON	NEED EO	D NODT	H CAPOLINA	
Activities & Governance	<u>c</u>	PPORT	UNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED PRIMAR	RILY UN	NEED, FO	RIVORI	II CAROLINA	
nar	R	RESIDEN	ITS ATTENDING SUPPORTED NORTH CAROLINA LAW SCHOOLS.	and of n	nore than '	25% of	ite not assets	
Ş	2 (Check th	nis box ▶☐ if the organization discontinued its operations or dispos			3	its riet assets.	7
ၓၟ	3 1	Number	of voting monibols of the governing body (. a			4		7
∞	4 1	Number	of independent voting members of the governing body (Part VI, line	10) .		5		
ţį	5 T	Total nui	mber of individuals employed in calendar year 2015 (Part V, line 2a)		1877 1980 19	_		0
₹	6 T	Total nui	mber of volunteers (estimate if necessary)		370 370 38	6		7
Ą			related business revenue from Part VIII, column (C), line 12			7a		-0-
0	b N	Net unre	elated business taxable income from Form 990-T, line 34			7b	Current Y	-0-
					Prior Yea		Current	
ø	8 (Contribu	itions and grants (Part VIII, line 1h)			-0-		-0-
Revenue	9 F	rogram	service revenue (Part VIII, line 2g)			-0-	****	-0-
	10 I	nvestme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		1	75,084.		40,034.
ď	11 (Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-0-		-0-
	12 7	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)		75,084.		40,034.
- V000	13 (Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)		3	00,000.		300,000.
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)			-0-		-0-
cn.	45 6	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	KT WAS COLORED TO SERVICE OF THE SER	-0-		-0-
Expenses	16a F		onal fundraising fees (Part IX, column (A), line 11e)			-0-		-0-
per	b 7		ndraising expenses (Part IX, column (D), line 25)					
A	17	Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24e)			31,564.		31,055.
	18	Total ex				31,564.		331,055.
	19	Revenue	e less expenses. Subtract line 18 from line 12		(1	56,480.)		(291,021.)
		TOVOTA	o loop dispositions. The state of the state	Beg	inning of Cur	rent Year	End of Y	ear
at Assets or	20	Total as	sets (Part X, line 16)		6.5	516,500.		6,046,960.
Asse	21		bilities (Part X, line 26)			300,000.		300,000.
Net.	22 1		ets or fund balances. Subtract line 21 from line 20			216,500.		5,746,960.
_	art II		ature Block				A)	
-	ed Cur	orgine	ury, I declare that I have examined this return, including accompanying schedules and	statemer	nts, and to th	e best of	my knowledge an	d belief, it is
tru	ue, correct,	and com	plete. Declaration of preparer (other than officer) is based on all information of which pre	eparer ha	s any knowle	dge.		
-		1	(A1. 6) -15 Aust			8	15/2010	0
Si	gn	Sig	nature of officer	1	Dat	е		
	ere	, ong	W. David Edwards Director/	Ser	one da	vul	Ireasur	er
пе	316	Tyr	pe or print name and title	000	1100	71		
			Type preparer's name Preparer's signature	Date		Chart	C : PTIN	
Pa	aid	Finit	No biobrain a main			Check self-em		
Pr	reparer				Eiron	's EIN ▶		
U	se Only	y Firm's						
	SPAN SPECIE IN	Firm's	address >] Pilor	ne no.	🗆 Ye	s No
Ma	ay the IR	o discu	ss this return with the preparer shown above? (see instructions) .	Cat No.	11282			990 (2015)

Part		71
	CHOCK II COMPANIE COM	√
1	Briefly describe the organization's mission:	v
	TO PROMOTE AND ENCOURAGE EDUCATIONAL OPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS BASED PRIMARIL ON NEED FOR NORTH CAROLINA RESIDENTS ATTENDING THE LAW SCHOOLS AT CAMPBELL UNIVERSITY, DUKE UNIVERSITY,	-
	NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, AND WAKE FOREST	
	UNIVERSITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
. 	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	8
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
*	services?	•
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hv
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs.
	the total expenses, and revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$ 300,000. including grants of \$ 300,000.) (Revenue \$ -0-)	1100
	THE SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC., THROUGH ITS SUPPORTED ORGANIZATIONS, AWARDED NEW	
	SCHOLARSHIPS TO NORTH CAROLINA RESIDENTS IN THE AMOUNT OF \$300,000, PAYABLE OVER THREE YEARS OF	
	LAW SCHOOL (\$100,000 PER YEAR).	
	DURING 2015, THE SCHOLARSHIP FUND PAID \$300,000 IN SCHOLARSHIPS FOR OVER FIFTY STUDENTS ATTENDING THE	
	SUPPORTED LAW SCHOOLS.	
	FOR THE PERIOD 2006-2015, THE SCHOLARSHIP FUND PAID \$2,700,000 FOR SCHOLARSHIPS TO THE SUPPORTED	
		-
	LAW SCHOOLS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	-
70		
		-
•	(On the A) (Figure 2) (Payonus \$	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Other and the Company of the Company	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 300,000.	_

Part I	V Checklist of Required Schedules		V 1	N-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
	complete Schedule A	1	✓	
2	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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓_
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,	_		1
	Part III	5		<u> </u>
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	6		1
_	"Yes," complete Schedule D, Part I	0	-	-
7	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	9		1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
855	complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	i anna		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
		11e		1
0.20	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	116		-
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 9	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 0	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		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
15	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		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		,
	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 "Yes," complete Schedule G, Part III	19		1
	II Tes, complete schedule a, rait III		. 990	2015

Part	Checklist of Required Schedules (continued)		Yes	No
00	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	✓
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		1
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		1
b 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		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	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	Ļ
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
0.000		For	m 99 0	0 (2015

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
-	Check it Schedule O contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		METHODAS EN A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
rection (Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		0.00175000000000000000000000000000000000
-	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
10.00	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
5576	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
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		1
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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-	100	etire-si
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	_	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90	STATE OF THE PARTY	KONTE
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
b 11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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.	2001		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
6-96	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	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	and the second s	14b		

Form 99	0 (2015)			age o
Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and 1	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			<u>√</u>
Section	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 7		100	110
1a	Effect the number of voting mornors of the governing body at the site of the s			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	0546		
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	,	
	one or more members of the governing body?	7a	✓	
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		1
_	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		
8	the year by the following:			
-	The governing body?	8a	1	
a b	Each committee with authority to act on behalf of the governing body?	8b	1	C-11-2/6
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 Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		1
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			•
С	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
	with a taxable entity during the year?	10a		Y
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	MASSESSES AND ADDRESS OF THE PARTY OF THE PA	
Secti	ion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE REQUIRED			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)s	sonly
	available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		

W. DAVID EDWARDS, PRIVATE ADDRESS (SEE SCHEDULE O FOR CONTACT INFORMATION)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization hi	or any related	u orga	ailiz		C)	ompe	1100	led any curren	Conicer, director,	or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) G. EUGENE BOYCE	1.2									
DIRECTOR, PRESIDENT, BOARD CHAIR		✓		1				-0-	-0-	-0-
(2) KEITH W. VAUGHAN	0.5									
DIRECTOR, VICE PRESIDENT, BD. VICE CHAIR		1		1	_			-0-	-0-	-0-
(3) W. DAVID EDWARDS	2.5									
DIRECTOR, SECRETARY, TREASURER		✓		1				-0-	-0-	-0-
(4) ARCH T. ALLEN	0.5									
DIRECTOR		✓						-0-	-0-	-0-
(5) WANDA G. BRYANT	0.5									
DIRECTOR		1						-0-	-0-	-0-
(6) JOHN MARTIN	0.5									
DIRECTOR		1			_			-0-	-0-	-0-
(7) COLON WILLOUGHBY, JR.	0.5									
DIRECTOR		1	_					-0-	-0-	-0-
(8)										
(9)										
(10)										
(11)			Sele's							
(12)	+									
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (cor	itinuea	<u> </u>	-	
						C)							1000	
	(A)	(B)	Position (do not check more than					one	(D)	(E)			(F)	
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from	nm		mated ount of	
		hours per week (list any			-	-	or/trust	-	from	related	""		ther	
		hours for	Individual trustee or director	Inst	Officer	Key	曹	Former	the	organizations			ensatio	in
		related organizations	lirec	Ē.	Se .	em	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MIS	((د		m the nization	1
		below dotted	tor	onal		employee	e con	1	(W 2) 1000 Miles)			and i	related	Ĕ.
		line)	ust	2		ee	per					organ	ization	S
			8	Institutional trustee			Highest compensated employee							
						-	ă.	-	ļ		+			
(15)		 												
(16)		-			-			\vdash		A STATE OF THE STA	1			(
(10)		 					8							
(17)														
V:11		†												
(18)		200 E				Vi and								
3					5000									
(19)														
2														
(20)		1												
					_			-			_		-	
(21)		<u> </u>												
		-	-	-	_	-	ļ	-	1	_		-		
(22)														
			-		-	-	-	-					-	
(23)			-						1					
			-	-	-	-		-	-		_		000000000000000000000000000000000000000	
(24)			-											
(OF)		-	-	+	-	\vdash	-	+	-		\top			
(25)	***************************************	+	1											
1b	Sub-total		<u> </u>	٠.	٠.			•	-0-		-0-			-0
c	Total from continuation sheets to Part		n A					-	-0-		-0-			-0
-	Total (add lines 1b and 1c)							•	-0		-0-			-0
2	Total number of individuals (including bu	t not limited	d to th	nose	e lis	ted	abov	e) v	vho received m	ore than \$100	,000 c	of		
	reportable compensation from the organ	nization 🕨 .	0-								- E			
									(VI)) (SEA GIV)		1. 1200 CM		Yes	No
3	Did the organization list any former of	fficer, direc	ctor,	or t	rust	ee,	key	em	ployee, or hig	nest compens	ated			
	employee on line 1a? If "Yes," complete	Schedule J	l for s	uch	ina	livia	ual	•			120	3		1
4	For any individual listed on line 1a, is th	e sum of re	porta	ble	cor	npe	nsati	on a	and other com	pensation from	n the			
	organization and related organizations	greater th	nan \$	150	,000	0?	it "Ye	es,"	complete Sc	neaule J for	sucn			,
	individual			٠							idual	4		1
5	Did any person listed on line 1a receive	or accrue c	ompe	ensa	tior	n fro	m an	y ui	nrelated organi	zation or indiv		5		1
	for services rendered to the organization	17 IT Yes,	comp	iete	SC	neu	ule J	101	such person	<u></u>	•	5		V
	on B. Independent Contractors Complete this table for your five highest		tod in	don	one	dont	cont	roo	tore that receiv	ed more than	\$100.0	000 o	f	
1	compensation from the organization. Re	compensa	tea in	on f	enc	he i	cont	dar	vear ending wi	th or within th	e orga	nizati	on's t	ax
	year.	port compe	oi ioati	OH	OI t	110	Jaioin	uai	year ending w	ur or william ur	o o gu			
								T	(B)		40	(C)		Annual State
	(A) Name and business ad	dress							Description of	services	C	ompens		
NONE			Wales - Ten					+						
NONE	100			-				1						
		- H XWM - X-10-	- HAIII	He zee			-XXV112	1					1-12-1-12	
						or nate	III A- III BAR							
-				ghiir Ge	W		-							
2	Total number of independent contract	ors (includ	ing b	ut r	not	lim	ited t	o t	hose listed at	oove) who				
	received more than \$100,000 of compen	sation from	the o	rgar	niza	tion	>		-0-					

Part	VIII	Statement of Reve Check if Schedule O	nue	roor	once or note to	any line in this l	Part VIII		П
		Check ii Schedule O	Contains	i resp	jonise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns		1a	-0-				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	-0-				
ě, ě	C	Fundraising events .		1c	-0-				
ar ft	d	Related organizations 1d			-0-				
S, G	е	Government grants (contributions) 1e		-0-					
io is	f	All other contributions, gi	fts, grants,	9					
the part		and similar amounts not inc	luded above	1f	-0-				
E O	g	Noncash contributions include	led in lines 1a-	1f: \$	-0-			A STANTON	
a Co	h	Total. Add lines 1a-1	f		>	-0-			
e					Business Code				
Neu	2a								
Program Service Revenue	b			0.0755					
	С								
Ser	d								
E	е								
ogu	f	All other program sen	vice revenu	e.	-0-	-0-	-0-	-0-	-0-
ă.	g	Total. Add lines 2a-2				-0-			
	3	Investment income			2009 (23)				
		and other similar amo				143,063.	-0-	-0-	143,063.
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds	-0-	-0-	-0-	-0-
	5	Royalties				-0-	-0-	-0-	-0-
			(i) Real		(ii) Personal				
	6a	Gross rents		-0-	-0-				
	b	Less: rental expenses		-0-	-0-				
	С	Rental income or (loss)		-0-	-0-				
	_d	Net rental income or	(loss) .		(ii) Other	-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	1/39						
	0.00	assets other than inventory	3,564	,937.	-0-				
	b	Less: cost or other basis and sales expenses .							
				,966.	-0- -0-				
	C	Gain or (loss)	(103	,029.)		(103,029.)	-0-	-0-	(103,029.)
	d	Net gain or (loss) .			🕨	(103,029.)	-0-		(100,020.)
Other Revenue	8a		ed on line 1	. а	-0-				
ᅙ		Less: direct expenses							
		Net income or (loss) f			events . >	-0-		-0-	-0-
	9a	Gross income from gase Part IV, line 19 .							
		:		4173					
		Less: direct expenses Net income or (loss) 1					•	-0-	-0-
	C				Villes P	-0-	-0-	-0-	-0
	10a	returns and allowance			-0-				
		Less: cost of goods s							
	0	Net income or (loss)				-0-	-0-	-0-	-0-
	- 6	Miscellaneous F			Business Code				
	11a								en e e e e e e e e e e e e e e e e e e
	b								
	C								
	d	All other revenue .			-0-	-0-	-0-	-0-	-0-
	e	Total. Add lines 11a-			>	-0-			
	12	Total revenue. See i				40,034.	-0-	-0-	40,034.
					manus - Mar	10100111			Form 990 (2015

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	e or note to any lin			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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-
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	Other salaries and wages	-0-	-0-	-0-	-0-
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-0-	-0-	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10	Payroll taxes	-0-	-0-	-0-	-0-
11	Fees for services (non-employees):				
а	Management	-0-	-0-	-0-	-0-
b	Legal	-0-	-0-	-0-	-0-
c	Accounting	-0-	-0-	-0-	-0-
d	Lobbying	-0-	-0-	-0-	-0-
e	Professional fundraising services. See Part IV, line 17	-0-			-0-
f	Investment management fees	31,000.	-0-	31,000.	-0-
g	Other. (If line 11g amount exceeds 10% of line 25, column	01,000.			
	(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.)				
а	WEBSITE DOMAIN EXPENSE	55.	-0-	55.	-0-
b					
С					
d					
е	All other expenses	-0-	-0-	-0-	-0-
25	Total functional expenses. Add lines 1 through 24e	331,055.	300,000.	31,055.	-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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	817.	1	763
	2	Savings and temporary cash investments	185,673.	2	187,257
	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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	-0-	5	-0
S	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	-0-	6	-0.
Assets	7	Notes and loans receivable, net	-0-	7	-0-
As	8	Inventories for sale or use	-0-	8	-0-
	9	Prepaid expenses and deferred charges	-0-	9	-0-
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a -0-			
	b	Less: accumulated depreciation 10b -0-	-0-	10c	-0-
	11	Investments—publicly traded securities	6,330,010.	11	5,858,940.
	12	Investments - other securities. See Part IV, line 11	-0-	12	-0-
	13	Investments—program-related. See Part IV, line 11	-0-	13	-0-
	14	Intangible assets	-0-	14	-0-
	15	Other assets. See Part IV, line 11	-0-	15	-0-
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,516,500.	16	6,046,960.
	17	Accounts payable and accrued expenses	-0-	17	-0-
	18	Grants payable	300,000.	18	300,000.
	19	Deferred revenue	-0-	19	-0-
	20	Tax-exempt bond liabilities	-0-	20	-0-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	-0-	21	-0-
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
iab			-0-		-0-
_	23	Secured mortgages and notes payable to unrelated third parties	-0-	23	-0-
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	-0-	25	-0-
	26	Total liabilities. Add lines 17 through 25	300,000.		300,000.
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds	-0-	30	-0-
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-	31	-0-
A	32	Retained earnings, endowment, accumulated income, or other funds .	6,216,500.	32	5,746,960.
ē	33	Total net assets or fund balances	6,216,500.	33	5,746,960.
Z				34	

_				-4	•
p	2	n	e	-1	-

Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		40	0,034.
2	Total expenses (must equal Part IX, column (A), line 25)	2		33	1,055.
3	Revenue less expenses. Subtract line 2 from line 1	3		(291	,021.)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,21	6,500.
5	Net unrealized gains (losses) on investments	5		(178	,519.)
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				
	33, column (B))	10		5,74	6,960.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		•	
X III WALLEY				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other ☐	Into to			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	 Had ar	2a	CONTRACTO	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	lied or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-		,
b	Were the organization's financial statements audited by an independent accountant?		2b		V
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	. 3		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersignt	_		
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		000000000
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in			
	Schedule O.			grandur	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			,
	the Single Audit Act and OMB Circular A-133?	61 19 19 10 19 19	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	iaits.	3b	000	
	25 - 45 C 15 c 14 c		For	m 99 0	(2015)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2015

Open to Public Inspection
Employer identification number

MITH/SHAVED I AM	SCHOOL SCHOLARS	SHIP FUND, INC.				20-2749	9954	
Part I Reaso	n for Public Char	ity Status (All	organizations must	complet	e this pa	rt.) See instruction	s.	
The organization is	not a private foundat	tion because it i	s: (For lines 1 through	11, check	conly one	e box.)	A STATE OF THE SECOND STAT	
1 A church,	convention of church	es, or associati	on of churches descri	oed in se	ction 170	(b)(1)(A)(i).		
2 A school d	escribed in section	170(b)(1)(A)(ii).	(Attach Schedule E (Fo	orm 990 c	r 990-EZ)).)		
3 A hospital	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 A medical	research organizatio	n operated in co	onjunction with a hosp	ital descr	ibed in se	ection 170(b)(1)(A)(ii	i). Enter the	
hospital's	name, city, and state	:						
section 17	70(b)(1)(A)(iv). (Comp	olete Part II.)	college or university				I unit described in	
7 An organiz	state, or local govern cation that normally in in section 170(b)(1)(receives a subs	mental unit described stantial part of its supp te Part II.)	in sectio oort from	n 170(b)(1 a govern	1)(A)(v). mental unit or from	the general public	
8 A commun	nity trust described in	section 170(b))(1)(A)(vi). (Complete F	Part II.)				
9 An organiz receipts fr support fr	zation that normally on activities related	receives: (1) mo I to its exempt nt income and	functions—subject to unrelated business t 75. See section 509(a	support fi certain e axable in	exception: come (le	s, and (2) no more ss section 511 tax	than 33 1/3% of its	
			sively to test for public					
11 An organiz one or mo the box in	ation organized and or re publicly supported lines 11a through 11o	operated exclusions of that describes	ively for the benefit of, described in section 50 the type of supporting	to perforr)9(a)(1) or organizat	n the fund section to ion and co	tions of, or to carry of to the section of the sect	on 509(a)(3). Check f, and 11g.	
the support	oorted organization(s)	the power to replete Part IV, S	supervised, or control egularly appoint or ele Sections A and B.	ct a majo	rity of the	directors or trustees	s of the supporting	
control o	or management of the ation(s). You must co	e supporting org implete Part IV	d or controlled in conr ganization vested in th , Sections A and C.	e same p	ersons th	at control or manage	e the supported	
its supp	orted organization(s)	(see instruction	ng organization operates). You must comple	te Part IV	, Section	s A, D, and E.		
that is no	ot functionally integra nent (see instructions	ated. The organ s). You must co	porting organization o ization generally must implete Part IV, Secti	satisfy a ons A an	distribution d D, and	on requirement and a Part V.	an attentiveness	
e ☐ Check ti	his box if the organiz	ation received a	written determination on ally integrated supp	from the	IRS that i	it is a Type I, Type II	, Type III	
f Enter the nu	mber of supported of	organizations .					5	
	ported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A) CAMPBELL UNIV	/ERSITY, INC.	56-0529940	2	1		60,000.	-0	
(B) DUKE UNIVERSI	TY	56-0532129	2	1		60,000.	-0	
(C) NORTH CAROLI UNIVERSITY	NA CENTRAL	56-6000730	2	/		60,000.	-0	
(D) UNIVERSITY OF AT CHAPEL HIL	NORTH CAROLINA L	56-6001393	2	/		60,000.	-0	
(E) WAKE FOREST	UNIVERSITY	56-0532138	2	1		60,000.	-0	
Total						300,000.	-0	

Par	Support Schedule for Organiza (Complete only if you checked th	ations Desc	ribed in Sect	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	Part III. If the organization fails to						adily dilder
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) 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						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support	(=) 0011	(h) 0010	(-) 0010	(4) 004 4	(-) 0015	(0 T.1-1
Caler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	= E01(a)(0)
13	organization, check this box and stop her						on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor		е				
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch		[[[[[[[] [[] [[] [[] [[] [[] [[] [[] [[15	%
16a	331/3% support test-2015. If the organiz						
	box and stop here. The organization qual						1
b	331/2% support test - 2014. If the organ check this box and stop here. The organization				The state of the s	9 15 is 331/3%	or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part VI how the organization me supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization dic				a, or 17b, chec	k this box and	see _

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	r Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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				1		
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	Marion Records					
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						
0	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	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			1			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						L
	on B. Total Support	(-) 0044	(h) 0010	(a) 2012	(4) 2014	(e) 2015	(f) Total
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(6) 2015	(i) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less		 	 	 		
b	section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
С	Add lines 10a and 10b		1			1	
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
10000	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				741 Million Co.		
	and 12.)		<u> </u>	<u> </u>	<u> </u>	l	F04/ \(\(\)(0)
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u> </u>		F L
	on C. Computation of Public Suppor			10 1 /5\		145	0/
15	Public support percentage for 2015 (line						% %
16	Public support percentage from 2014 Sch			<u> </u>	<u> </u>	16	90
	on D. Computation of Investment In	line 100 celu	entage	ny line 13 colu	imn (fl)	17	%
17	Investment income percentage for 2015 (Investment income percentage from 2014)	Ine Tuc, colu	Dart III line 17	oy iirie 13, colu		18	96
18	331/3% support tests—2015. If the organ	ization did no	t check the ho	x on line 14	and line 15 is n	nore than 331/3	The state of the s
19a	17 is not more than 331/3%, check this box	and ston here	. The organizat	tion qualifies as	a publicly supr	orted organiza	tion . >
L	331/3% support tests—2014. If the organiz	ration did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33 ¹ /3%, and
b	line 18 is not more than 331/3%, check this	box and ston	here. The organ	nization qualifie	s as a publicly s	supported orga	nization >
00	Private foundation If the organization di						

Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Occion A.	All Cabboic	9	9	 			
2							
					44 ° 55 - 70 WH	135 (1032)	0.40

determine whether the organization had excess business holdings.)

Section A. All Supporting Organizations Yes No 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 1 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 1 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below. 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 c 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 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 c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 ga 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b

Part	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		1
h	A family member of a person described in (a) above?	11b		1
C	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		1
	on 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		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		1
Secti	on C. Type II Supporting Organizations			
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		Yes	No
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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	ion E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's 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. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
200 200	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	ganiz	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mple	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	MOTERAL SANCE THE STATE OF SHOW A STATE OF SHOWING	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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)
1 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	District Control of the Control of t	
6 Multiply line 5 by .035	6	AND THE RESERVE TO TH	
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		
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.	y-int	egrated Type III support	ing organization (see

Part		3) Supporting Organia	zations (continued)	O
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			w. (m.)
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppor	rted	
	organizations, in excess of income from activity		-itions	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	lizations	
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.			
7	Distributions to attentive supported organizations to which	h the examination is res	poneive	
8	(provide details in Part VI). See instructions.	in the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Elife o amount divided by Elife o amount	m	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions)			
- -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2015 from Section			
4	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			(
	Remainder. Subtract lines 4a and 4b from 4.		110	
5	Remaining underdistributions for years prior to 2015, if			
7	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а			4 (10)	
b				
С	Excess from 2013			
d	Excess from 2014			
<u>e</u>	Excess from 2015			A (Earm 990 or 990-EZ) 201

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART I, LIN	ES 11a & 11f. THE JUNE 3, 2005 IRS LETTER RULING PROVIDES THE SCHOLARSHIP FUND WITH PUBLIC CHARITY STATUS
PURSUANT	TO INTERNAL REVENUE CODE SECTION 509(a)(3) BUT DOES NOT SPECIFY THE TYPE. THE SCHOLARSHIP FUND'S
FORM 1023	SPECIFIED THAT FIVE OF THE SEVEN BOARD MEMBERS WOULD BE APPOINTED BY THE DEANS OF THE SUPPORTED
LAW SCHO	OLS. THE SCHOLARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S
WEBSITE A	T WWW.SMITHSHAVERSCHOLARSHIP.ORG.
PART IV, SI	ECTION A, LINE 2. THE SUPPORTED ORGANIZATIONS ARE EDUCATIONAL INSTITUTIONS. THREE OF THE UNIVERSITIES
ARE TAX-E	XEMPT 501(c)(3) EDUCATIONAL ORGANIZATIONS CLASSIFIED BY THE IRS AS PUBLIC CHARITIES. ALL THREE ARE
SECTION 1	70(b)(1)(A)(ii) ORGANIZATIONS. THE REMAINING ORGANIZATIONS ARE STATE UNIVERSITIES. IT IS NOTED THAT
THE UNIVE	RSITY OF NORTH CAROLINA AT CHAPEL HILL, ALTHOUGH A GOVERNMENT ENTITY, HAS AN INTERNAL REVENUE SERVICE
LETTER ST	ATING THAT IRS RECORDS INDICATE THAT IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS DESCRIBED IN SECTIONS
509(a)(1) Al	ND 170(b)(1)(A)(ii). THE IRS, HOWEVER, DOES NOT LIST NORTH CAROLINA CENTRAL UNIVERSITY AS A PUBLIC CHARITY.
IRRESPECT	TIVE OF WHETHER THE IRS LETTER APPLICABLE TO THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL INCLUDES
OTHER ME	MBERS OF THE UNIVERSITY OF NORTH CAROLINA SYSTEM, NORTH CAROLINA CENTRAL UNIVERSITY ITSELF IS A
STATE UNI	VERSITY.
PART IV, S	ECTION B, LINE 1. AS PERMITTED BY THE REGULATIONS AND IN ACCORD WITH THE FORM 1023 APPLICATION RESULTING
IN THE JUN	IE 3, 2005 IRS LETTER RULING GRANTING SUPPORTING ORGANIZATION STATUS TO THE SCHOLARSHIP FUND,
FIVE BOAR	D MEMBERS (OF A TOTAL OF SEVEN BOARD MEMBERS) ARE APPOINTED BY THE LAW SCHOOL DEANS OF THE
SUPPORTE	D ORGANIZATIONS. EACH DEAN APPOINTS ONE BOARD MEMBER TO REPRESENT HIS OR HER LAW SCHOOL.
THE SCHOOL	LARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S WEBSITE AT
www.smit	HSHAVERSCHOLARSHIP.ORG. FURTHER, EACH LAW SCHOOL RECOMMENDS STUDENTS ELIGIBLE FOR A SMITH/SHAVER
SCHOLARS	SHIP. THE LAW SCHOOL REPRESENTATIVE ON THE SCHOLARSHIP FUND'S BOARD MAKES SELECTIONS FROM THE
STUDENTS	RECOMMENDED BY THE RESPECTIVE SUPPORTED LAW SCHOOL.

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

SMITH	SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.		20-2749954
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
	Table on the stand of case	(a) Donor advised rands	(c) i and and only decents
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	er advisors in writing that the assets h	aeld in donor advised
5	funds are the organization's property, subject to t	be organization's exclusive legal contr	ol? Yes No
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the benconferring impermissible private benefit?	and donor advisors in writing that gra efit of the donor or donor advisor, or	ant funds can be used for any other purpose
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line /	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization has	ation or education)	of a certified historic structure
_	easement on the last day of the tax year.	iola a qualifica concervation continuati	Held at the End of the Tax Year
			2a
a	Total acreage restricted by conservation easemen		
b	Number of conservation easements on a certified		
c	Number of conservation easements included in	(c) acquired after 8/17/06 and not	on a
d			2d
3	Number of conservation easements modified, traitax year ▶	[시민]의 경기 생긴 물에 되면 없지 [10] [27] [12] [28] [29]	
4 5	Number of states where property subject to cons Does the organization have a written policy reviolations, and enforcement of the conservation experience.	egarding the periodic monitoring, in assements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspect \$\Blacktriangleright*	ing, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easen	of the footnote to the organization's finents.	nancial statements that describes the
	Organizations Maintaining Collection Complete if the organization answered	I "Yes" on Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the	ar assets held for public exhibition, e	ducation, or research in furtherance o
b	If the organization elected, as permitted under works of art, historical treasures, or other similar public service, provide the following amounts rela-	ar assets held for public exhibition, eating to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of a following amounts required to be reported under	rt, historical treasures, or other simila	ar assets for financial gain, provide the
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

Schedu	le D (Form 990) 2015					Page
Pari		'allections of /	rt Historical 1	reseures or O	ther Similar Acc	
3	Using the organization's acquisition, ac collection items (check all that apply):					
а	☐ Public exhibition		d 🗆 Loan	or exchange prog	orams	
b	☐ Scholarly research					
c	☐ Preservation for future generations		C 🗆 Ollion			
4	Provide a description of the organization	n's collections at	nd explain how t	hev further the or	ganization's exemi	ot ouroose in Par
	XIII.	TT G CONCOLIONS CI	na oxpiani now t	noy faration and or	gameation o oxom	or purpose iii i ai
5	During the year, did the organization so assets to be sold to raise funds rather the					
	Control of the Contro		ned as part of the	organization s c	Ollection:	☐ Yes ☐ No
Part	Complete if the organization a 990, Part X, line 21.		on Form 990, F	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee, of included on Form 990, Part X?				r other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	t XIII and complet	te the following to	able:		
					Am	ount
C	Beginning balance	* * * * *	* * * * *	10	C	
d	Additions during the year	* * * * * * *	* * * * *	10	d	
е	Distributions during the year			10	e	
f	Ending balance				f	
2a	Did the organization include an amount	on Form 990, Pa	rt X, line 21, for e	scrow or custodia	al account liability?	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	t XIII. Check here	if the explanation	n has been provid	led on Part XIII .	🗆
Par	V Endowment Funds.					
	Complete if the organization a	inswered "Yes"	on Form 990, F	Part 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	6,516,500.	6,428,152.	6,213,593.	5,831,594.	6.057,001.
b	Contributions	-0-	-0-	-0-	-0-	-0-
c	Net investment earnings, gains, and					
	losses	(138,485.)	419,912.	544,970.	711,308.	101,756.
d	Grants or scholarships	300,000.	300,000.	300,000.		300,000.
е	Other expenditures for facilities and					
	programs	-0-	-0-	-0-	-0-	-0-
f	Administrative expenses	31,055.	31,564.	30,411.		27,163.
g	End of year balance	6,046,960.	6,516,500.	6,428,152.		5,831,594.
2	Provide the estimated percentage of the					
a	Board designated or quasi-endowment		The same of the sa	,	indered to	
h	Permanent endowment		.,,			
c	Temporarily restricted endowment ▶	0%				
·	The percentages on lines 2a, 2b, and 2c		0%			
3a	Are there endowment funds not in the porganization by:			at are held and ad	dministered for the	Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
h	If "Yes" on line 3a(ii), are the related org					3b
4	Describe in Part XIII the intended uses of					00
Part						
T CIT	Complete if the organization a		on Form 990 F	Part IV. line 11a	See Form 990. F	Part X. line 10
	Description of property	(a) Cost or other			Accumulated	(d) Book value
	bescription or property	(investme			depreciation	1-7 200 14400
1a	Land					
b	Buildings					
C	Leasehold improvements					
C	Loudonoid improvemente					

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

d Equipment .
e Other . . .

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	derivatives		
	neld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			### ### ### ### ### ### ### ### ### ##
(E) (F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments – Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(7) (8) (9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(7) (8) (9) Total. (Column	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		
(7) (8) (9)		rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
(7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description	rm 990, Part IV, line	(b) Book value
(7) (8) (9) Fotal. (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (imm (b) must equal Form 990, Part X, col. (B) line 15.)	rm 990, Part IV, line	11d. See Form 990, Part X, line 15. (b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo		(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.		(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25.		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal if (2) (3)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal if (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value
(7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on Fo (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Fo line 25. (a) Description of liability (b) Book value		(b) Book value

Schedu	le D (Form 990) 2015	Page
Part		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	XIII Supplemental Information.	
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	o; Part V, line 4; Part X, line oformation.
	V, LINE 4. THE SCHOLARSHIP FUND WAS ESTABLISHED, AND HAS BEEN USED EXCLUSIVELY, TO SUPP	
PARI	V, LINE 4. THE SCHOLARSHIP FUND WAS ESTABLISHED, AND HAS BEEN USED EXCLUSIVELY, TO SUPP	PORT THE LAW SCHOOLS
	AND STATE OF THE UNIVERSITY MODELL CAROLINA CENTRAL LINIVERSITY THE UNIVERSITY OF	NE NORTH CAROLINA AT
AT CA	MPBELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY C	OF NORTH CAROLINA AT
	THE AND WAVE CORECT UNIVERSITY DURSHANT TO THE HIME 2 2004 ODDED OF THE HONODARI	E HOWARD E MANNING
CHAPI	EL HILL, AND WAKE FOREST UNIVERSITY, PURSUANT TO THE JUNE 3, 2004 ORDER OF THE HONORABL	E HOWARD L. MANNING,
15 N	ORTH CAROLINA SUPERIOR COURT JUDGE, IN THE CONSOLIDATED CLASS ACTIONS KNOWN AS SMITH	LV STATE OF
JR., N	JRTH CAROLINA SUPERIOR COURT JUDGE, IN THE CONSOLIDATED CLASS ACTIONS KNOWN AS SWITT	IV. SIAIL OI
NODE	LOADOLINA AND CHAVED CTATE OF NODTH CADOLINA. THE DRIMARY INTENDED LISE OF THE ENDI	OWMENT IS TO
NORTI	H CAROLINA AND SHAVER V. STATE OF NORTH CAROLINA. THE PRIMARY INTENDED USE OF THE ENDO	OWNIENT 13 TO
DDOM	DE SCHOLARSHIPS, BASED PRIMARILY ON NEED, TO NORTH CAROLINA RESIDENTS TO ATTEND THE S	SUPPORTED
PROVI	DE SCHOLARSHIPS, BASED PRIMARILY ON NEED, TO NORTH CAROLINA RESIDENTS TO ATTEMOTHE S	JOI T OKILD
LAW	SCHOOL S	
LAW	schools.	

Page 5	dule D (Form 990) 2015	Schedule D (Form
	t XIII Supplemental Information (continued)	Part XIII

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

2015

Employer identification number 20-2749954

Open to Public Inspection OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990.

SMITH/SH	SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.	ARSHIP FUND, IN	C.					20-2749954
- O	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	in records to sub	stantiate the amore	unt of the grants or	assistance, the	grantees' eligibility for	r the grants or assistance	e, and
Ď S	The selection criteria used to award the grants of assistances.	award trie grants	res for monitoring	the use of grant fu	nds in the United	States.		S -
보	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answers 1990. Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organization of the control o	cations and Don ore than \$5,000.	nestic Governing Part II can be c	nents. Complete if auplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ered "Yes" on Form
1 (a) Na	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(E)								
(2)								
(3)								
4								
(2)								
(9)								
6								
(8)								
(6)								
(10)								
(11)								
(12)								
3.6	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	501(c)(3) and go	vernment organization of in the line 1 table	ations listed in the	line 1 table			A. A.
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ns for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2015)

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

	Part III can be duplicated if additional space is fleeded.	Il space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOI	1 SCHOLARSHIPS FOR LAW SCHOOLS	54	300,000.	- 0 -	-0- NOT APPLICABLE	NOT APPLICABLE
2						
က						
4						
20						
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 re	equired in Part I, lin	e 2, Part III, columi	n (b), and any other addit	ional information.

SMITH/SHAVER SCHOLARS FROM TIME TO TIME AND IN MOST CASES ARE PROVIDED UPDATES REGARDING SCHOLARS THROUGH THE LAW SCHOOLS. INDIVIDUAL SCHOLARSHIP CANDIDATES BASED ON THE CRITERIA PROVIDED BY THE SCHOLARSHIP FUND IN ACCORDANCE WITH THE JUNE 3, 2004 ORDER OF NORTH CAROLINA SUPERIOR COURT JUDGE \$5,000.00 PER YEAR TO \$20,000.00 PER YEAR, AWARDS ARE BASED PRIMARILY ON NEED. THERE ARE NO RESTRICTIONS OR LIMITATIONS BASED UPON RACE OR EMPLOYMENT AVAILABLE TO BOARD MEMBERS. THE SCHOLARSHIP FUND WORKS WITH THE ADMISSIONS OFFICE OF EACH SUPPORTED LAW SCHOOL, WHICH RECOMMENDS SCHOLARSHIP STATUS. EACH LAW SCHOOL MAINTAINS RECORDS ON EACH RECIPIENT AT THAT LAW SCHOOL AND UPDATES THE FUND WITH RESPECT TO ANY SCHOLAR STATUS CHANGE. PART I, LINES 1 & 2. THE SCHOLARSHIP FUND MAINTAINS RECORDS OF TRANSFERS OF FUNDS AS DIRECTED BY THE FIVE SUPPORTED LAW SCHOOLS, INCLUDING WIRE AND AUTOMATED CLEARING HOUSE TRANSFERS, AND FINANCIAL RECORDS AS WELL AS THE SCHOLARSHIP FUND'S FINANCIAL INSTITUTION'S MONTHLY STATEMENTS. ALL ARE AMOUNTS VARY BY LAW SCHOOL WITH EACH LAW SCHOOL MAINTAINING RECORDS ON ALLOCATION AMONG SCHOLARS. INDIVIDUAL SCHOLARSHIPS HAVE RANGED FROM PART III, LINE 1(a). INDIVIDUAL SCHOLARSHIPS ARE AWARDED THROUGH THE LAW SCHOOLS. EACH LAW SCHOOL RECEIVES THE SAME AMOUNT OF TOTAL AWARD FUNDS. PART III, LINE 1(b). THERE WERE OVER 50 SMITH/SHAVER SCHOLARS IN 2015. SOME GRADUATED DURING THE YEAR AND SOME BECAME STUDENTS DURING THE YEAR. HOWARD E. MANNING, JR. THE FINANCIAL INFORMATION PROVIDED BY SCHOLAR CANDIDATES IS MAINTAINED BY THE LAW SCHOOLS. BOARD MEMBERS MEET WITH

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 2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

20-2749954

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. FORM 990, PART III, LINE 1. THE SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. WAS ESTABLISHED BY ORDER OF NORTH CAROLINA SUPERIOR COURT JUDGE HOWARD E. MANNING, JR. THROUGH A GRANT FROM THE SETTLEMENT FUND CREATED IN THE CLASS ACTIONS KNOWN AS SMITH V. STATE OF NORTH CAROLINA AND SHAVER V. STATE OF NORTH CAROLINA. THE INITIAL SCHOLARSHIP FUND CONSISTED OF THE \$6 MILLION REMAINING IN THE SETTLEMENT FUND AFTER PAYMENTS TO CLASS MEMBERS IN FULL AND THE COSTS OF SETTLEMENT ADMINISTRATION. THE COURT DIRECTED THAT THE SCHOLARSHIP FUND BE USED TO PROVIDE SCHOLARSHIPS FOR NORTH CAROLINA RESIDENTS WHO ATTEND LAW SCHOOL AT ONE OF THE FOLLOWING: CAMPBELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, AND WAKE FOREST UNIVERSITY. SMITH/SHAVER SCHOLARSHIPS ARE BASED PRIMARILY ON NEED. FORM 990, PART VI, LINES 1b AND 7a. FIVE BOARD MEMBERS ARE APPOINTED TO REPRESENT THE LAW SCHOOLS. 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 THE YEAR 2015 PRIOR TO THE FEBRUARY 2016 ANNUAL BOARD MEETING. THE FUND'S INVESTMENT MANAGER BANK APPEARED AT THE BOARD MEETING AND WAS CONSULTED AS NEEDED DURING 2015. AN ATTORNEY SPECIALIZING IN NONPROFIT ORGANIZATIONS LAW WAS ALSO CONSULTED. FORM 990, PART VI, LINE 12c. BOARD MEMBERS ABIDE BY THE CONFLICTS POLICY SET OUT IN THE BY-LAWS, WHICH REQUIRES A BOARD MEMBER, AMONG OTHER THINGS, TO DISCLOSE ANY DIRECT OR INDIRECT MATERIAL FINANCIAL INTEREST CONCERNING ANY TRANSACTION. DURING 2015 THE SCHOLARSHIP FUND ENGAGED IN NO TRANSACTIONS OTHER THAN RETENTION OF ITS INVESTMENT ADVISOR, PAYMENT FOR ITS WEBSITE DOMAIN, THE SETTING OF GENERAL INVESTMENT POLICY, AND TUITION PAYMENTS AS DIRECTED BY THE LAW SCHOOLS. NAMES OF SCHOLARSHIP CANDIDATES, SUBMITTED BY THE LAW SCHOOLS, WERE CIRCULATED AMONG BOARD MEMBERS TO ENSURE NO AWARDS WERE MADE TO EXCLUDED RELATIVES AND TO MINIMIZE THE POSSIBILITY OF CONFLICTS ARISING IN THE SELECTION PROCESS. BOARD MINUTES, WHICH REFLECT ANY DISCUSSION REGARDING A POTENTIAL CONFLICT, ARE CIRCULATED FOR BOARD MEMBER REVIEW.

Schedule O (Form 990 or 990-EZ) (2015)	Page 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 AND 15b. NO BOARD MEMBER OR OFFICER RECEIVES COMPENSATION	. AS NO COMPENSATION IS
PAID, NO PROCESS BY WHICH COMPENSATION IS TO BE DETERMINED IS NEEDED.	
FORM 990, PART VI, LINES 18 &19. THE SCHOLARSHIP FUND'S WEBSITE WWW.SMITHSHAVERSCHOLA	RSHIP.ORG SETS OUT THE
FUND'S ARTICLES OF INCORPORATION, BY-LAWS, FORM 1023, AND THE FUND'S IRS AND NORTH CAR	OLINA EXEMPTION LETTERS.
THE WEBSITE INCLUDES FORM 990s AND RELATED SCHEDULES FOR ALL TAX YEARS OF ITS EXISTEN	ICE. THE WEBSITE ALSO
PROVIDES A HISTORY OF THE SCHOLARSHIP FUND.	
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 MAY BE REACHED THROUGH 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 LAW SCHOOL	
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.

Partl

Related Organizations and Unrelated Partnerships

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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Open to Public 2015 Inspection

OMB No. 1545-0047

Employer identification number 20-2749954

Schedule R (Form 990) 2015 (g) Section 512(b)(13) controlled entity? Yes No > > (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. (f) Direct controlling entity (e) End-of-year assets 2 N/A 2 N/A N/A N/A A/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income 501(c)(3) (d) Exempt Code section 501(c)(3) GOVT. ENTITY GOVT, ENTITY 501(c)(3) (c) Legal domicile (state or foreign country) Cat. No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity S S S NC S (b) Primary activity **EDUCATION EDUCATION EDUCATION EDUCATION** EDUCATION (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 CHAPEL HILL, NC EIN: 56-6001393 BUIES CREEK, NC EIN: 56-0529940 (5) WAKE FOREST UNIVERSITY **DURHAM, NC EIN: 56-0532129** DURHAM, NC EIN: 56-6000730 (2) DUKE UNIVERSITY Part II 9 9 E 2 € 2 Ξ 3

Part III Identification of R because it had one	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.	ions Taxable	as a Partners reated as a pa	ship Com artnership	plete if the during the	organizatio tax year.	n answere	ed "Yes"	on Form 990,	Part	v, line	34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total S income	(g) Share of end-of- year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or managing partner?	(k) Percentage ownership
								Yes	No	Yes	s No	
(1)												
(2)												
(6)												
(4)												
(5)												
(9)												
ω												
Part IV Identification of F line 34 because it	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Corpora	ation or 1 as a cor	rust Compl poration or t	ete if the o rust during	rganizatio the tax y	n answe ear.	red "Yes" on	Form (90, Pa	ırt IV,
(a) Name, address, and EIN of related organization	ed organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	micile [(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	ntity Sha	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	tage Sec	(i) Section 512(b)(13) controlled entity?
											>	Yes No
(1)												
(2)								l de la constante de la consta				
(6)												
(4)												
(5)												
(9)												
(1)												
										Schedu	e R (For	Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

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

				Vac	Nio
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				3	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	or more related organ	izations listed in Part	s II–IV?		
a Boosint of Minterest (II) annuities (III) roughties or (IV) rent from a controlled entity				1a	>
				4	>
b Giff, grant, or capital contribution to related organization(s)				2 ,	
c Gift, grant, or capital contribution from related organization(s)				2	>
d Loans or loan quarantees to or for related organization(s)				19	>
				1e	`
				¥	`
1 Dividends from related organization(s)					
g Sale of assets to related organization(s)	•		•	61	>
h Purchase of assets from related organization(s)	•		•	4	>
i Exchange of assets with related organization(s)	•			=	`
:				Ŧ	>
Lease of lacilities, equipment, of other assets to leighed organization(s)				•	
				4:	`
k Lease of facilities, equipment, or other assets from related organization(s)		•		4 ;	•
I Performance of services or membership or fundraising solicitations for related organization(s)			* * *	=	>
m Performance of services or membership or fundraising solicitations by related organization(s)			* * *	£	>
Charing of facilities againment mailing lists or other a				÷	>
				4	>
 Sharing of paid employees with related organization(s) 				2	
					`
p Reimbursement paid to related organization(s) for expenses	* * * * * * * * * * * * * * * * * * * *		•	<u>a</u>	>
q Reimbursement paid by related organization(s) for expenses	* * * * * *		•	4	>
r Other transfer of cash or normarty to related organization(s)			•	<u>></u>	
			•	18	>
Called translated of proposity from contract organization for information on who m	logi anii sipe incl	Iding covered relation	nshins and transacti	ion thresh	olds.
If the answer to any of the above is "Yes," see the instructions for information on who must o	Somplete tills line, mo	duling covered relatio	ווטווולט מוומ וומווטמכו		5
(e)	(2)	(c)	bevlovni trupare policimental to boothe.) or amount in	powdor
Name of related organization	type (a-s)				
(1) SEE PART VII BELOW					
(2)					
(3)					
(4)					
(9)					
			Schedule	Schedule R (Form 990) 2015	90) 2015

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Schedule R (Form 990) 2015

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

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

	(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	snare or end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		sections 512-514)	Yes No			Yes No		Yes No	
(1)									
(2)									
(3)									
(4)									
(5)									
(9)									
ω									
(9)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).
PART V. TR	ANSFERS ARE MADE AT THE DIRECTION OF THE SUPPORTED LAW SCHOOLS. IN 2015, TRANSFERS RELATING TO
SCHOLARSH	HIP AWARDS WERE MADE TO EACH LAW SCHOOL IN THE AMOUNT OF \$60,000.00 FOR A TOTAL OF \$300,000.00 TO
ALL SUPPOR	RTED LAW SCHOOLS. THE SCHOLARSHIP FUND BOARD OF DIRECTORS DETERMINES THE TOTAL AMOUNT OF NEW
SCHOLARSH	HIP MONEY EACH YEAR AT ITS ANNUAL MEETING. THE TOTAL AMOUNT IS DIVIDED EVENLY AMONG THE LAW SCHOOLS
SO THAT EA	CH LAW SCHOOL IS ALLOCATED ONE-FIFTH OF THE NEW AWARD. THIS AMOUNT, COMBINED WITH SCHOLARSHIP
AMOUNTS P	REVIOUSLY COMMITTED BY THE BOARD FROM EARLIER YEARS, IS TRANSFERRED AT THE DIRECTION OF THE LAW
SCHOOLS.	ALLOCATIONS TO THE LAW SCHOOLS ARE EQUAL IN AMOUNT WITH THE NUMBER OF SCHOLARS AT EACH LAW SCHOOL
AND THE AM	IOUNT OF INDIVIDUAL SCHOLARSHIPS VARYING BY LAW SCHOOL. PAYMENTS ARE MADE TWICE A YEAR. ONE TRANSFER
FOR FALL T	UITION AND ONE TRANSFER FOR SPRING TUITION. EACH LAW SCHOOL ALLOCATES THE TRANSFER IT RECEIVES WITH
RESPECT TO	SMITH/SHAVER SCHOLARS ATTENDING THE LAW SCHOOL.