Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

4	For the 2	017 calendar year, or tax year beginning , 2017, and	ending			, 20				
	Check if a	THE PARTY OF THE P	FUND, IN	C	D Employe	er identification n	umber			
	Address c					20-2749954				
	Name cha	All when and street (as B.O. box if mail is not delivered to street address)	oom/suite		E Telephor	ne number				
=		TOTAL FARM OF THE FARM OF		1		336-413-0695				
닉	Initial retur	City on town state or province country and ZIP or foreign postal code								
=	Final return									
=	Amended			H(a) Is this a gr	oup return for s	subordinates? Yes	✓ No			
	Applicatio	G. EUGENE BOYCE, 313 WOODCLIFF RD., RALEIGH, NC 27609				s included? Tyes				
	T	[7]	527			list. (see instruction				
	Tax-exem	pt status. (2) 301(c)(d) (2) (3)		H(c) Group	exemption	number >				
	Website:		f formation	2005	M State	of legal domicile:	NC			
CANADA SANCE	art I	Summary								
	1 E	Briefly describe the organization's mission or most significant activities:	TO PRON	OTE AND	ENCOUR	AGE EDUCATION	ONAL			
ø	' '	DPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED PRIM	ARILY O	NEED, F	OR NORT	H CAROLINA				
Activities & Governance	-	RESIDENTS ATTENDING SUPPORTED NORTH CAROLINA LAW SCHOOLS								
Ľ.	2	Check this box ▶ ☐ if the organization discontinued its operations or disposit	osed of	nore than	25% of	its net assets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3		7			
Ö	4 1	Number of independent voting members of the governing body (Part VI, lir	ne 1b) .		4		7			
es c	5	Fotal number of individuals employed in calendar year 2017 (Part V, line 2a	a)		5		-0-			
Viţi	6	Fotal number of volunteers (estimate if necessary)			6		7			
cti	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			7a		-0-			
4	b 1	Net unrelated business taxable income from Form 990-T, line 34			7b		-0-			
	D	Vet un claide business taxable mestre to		Prior Ye	ar	Current Y	ear			
	8	Contributions and grants (Part VIII, line 1h)			-0-		-0-			
Revenue		Program service revenue (Part VIII, line 2g)			-0-		-0-			
Ver	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			316,399.		238,100.			
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-0-		-0-				
	12	Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		316,399.		238,100.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			300,000.		300,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			-0-		-0-			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)		-0-		-0-			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			-0-		-0-			
en		Total fundraising expenses (Part IX, column (D), line 25) ▶								
EXT	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			30,327.		31,343.			
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			330,327.		331,343.			
	19	Revenue less expenses. Subtract line 18 from line 12			(13,928.)		(93,243.)			
_ 4		tevenue leas expenses. Octobrate mile no membra	Be	inning of Cu	rrent Year	End of Ye	ear			
Assets or	20	Total assets (Part X, line 16)		•	,175,793.		5,548,205.			
Asse	21	Total liabilities (Part X, line 26)			300,000.		300,000.			
Net		Net assets or fund balances. Subtract line 21 from line 20		Ę	,875,793.		6,248,205.			
-	art II	Signature Block								
11.	- deu meneli	ise of parium. I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to t	he best of r	my knowledge and	d belief, it is			
tru	ie, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	as any know	ledge.					
		N. 6):184.1			11/	14/2018				
Sig	gn	Signature of officer		/ Da	ate					
-	ere	IN David Edwards Director	, Sec	retai	4 15	easure	\underline{C}			
		Type or print name and title) J					
n	aid.	Print/Type preparer's name Preparer's signature	Date		Check	☐ if PTIN				
	aid				self-em	ployed				
	epare			Fire	n's EIN ▶					
	se Only	Firm's address		Pho	one no.					
Ma	ay the IR	S discuss this return with the preparer shown above? (see instructions) .				🗌 Ye	s No			

Part l	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE AND ENCOURAGE EDUCATIONAL OPPORTUNITY AND EXCELLENCE THROUGH SCHOLARSHIPS, BASED PRIMARILY
	ON NEED, FOR NORTH CAROLINA RESIDENTS ATTENDING THE LAW SCHOOLS AT CAMPBELL UNIVERSITY, DUKE UNIVERSITY,
	NORTH CAROLINA CENTRAL UNIVERSITY, THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL, AND WAKE FOREST
	HIMIVEDCITY
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes." describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 300,000.00 including grants of \$ 300,000.00) (Revenue \$ -0-)
4a	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 FOR EACH YEAR).
	LAW SCHOOL (\$100,000 FOR EACH TEAK).
	DURING 2017, THE SCHOLARSHIP FUND PAID \$300,000 IN SCHOLARSHIPS FOR OVER FIFTY STUDENTS ATTENDING THE
	SUPPORTED SCHOOLS.,
	FOR THE PERIOD 2006-2017, THE SCHOLARSHIP FUND PAID \$3,300,000 FOR SCHOLARSHIPS TO THE SUPPORTED
	LAW SCHOOLS.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program continue (Describe in Schedule ())
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$300,000.

Part	V Checklist of Required Schedules	T	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	√ /	
	complete Schedule A	2	•	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>·</u>
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? <i>If "Yes," complete Schedule C, Part II</i>	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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148		V
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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 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	000	(2017)
		For	m yyl	J (2017)

Part I	V Checklist of Required Schedules (continued)		Yes	No
	The state of the s	20a	162	√
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	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		√
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
	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		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		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):	00		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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,			
38	Part VI	37	1	✓
		-	004	0 (0017

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	• •	Yes	No
			res	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			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a				
	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		
	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		V
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			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Y
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	F-		,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		V
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	Va		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	OD		
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 •
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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	1266517020	
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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	4		
C				\
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	was a subject to the second of	14b		

Part \	- 1 W/ " to lines 2 through 7h holow	ee ins	tructi	ons.
Section	on A. Governing Body and Management		V	N-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	-	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
5	Did the organization have members or stockholders?	6		1
6 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		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	✓	
a b	The governing body?	8b	1	
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	res	No
10a	Did the organization have local chapters, branches, or affiliates?	IUa		V
b	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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		V
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
40	describe in Schedule O how this was done	13	Ť	1
13 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
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		1
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		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE REQUIRED Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)	s only
18	available for public inspection. Indicate how you made these available. Check all that apply.		(-/(- /	-···· y
	✓ 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 in	terest	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

Check if Schedule O contains a response or note to any line in this Part VII

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		d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	, or trustee.
(A)	(B)	(do n	not ch	Pos neck	C) ition more	e than o	one	(D)	(E)	(F) Estimated
Name and Title	Average hours per week (list any	office	er and	dad	irect	is both or/trust	ee)	Reportable compensation from	Reportable compensation from related	amount of other
	hours for related organizations below dotted line)		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 DIRECTOR	1.2	1		1				-0-	-0-	-0-
(2) KEITH W. VAUGHAN	0.5							· ·		
DIRECTOR		1		1				-0-	-0-	-0-
(3) W. DAVID EDWARDS DIRECTOR, SECRETARY, TREASURER	2.5	1		1				-0-	-0-	-0-
(4) ARCH T. ALLEN DIRECTOR	0.5	1						-0-	-0-	-0-
(5) WANDA G. BRYANT	0.5	1						-0-	0-	-0-
DIRECTOR (6) COLON WILLOUGHBY, JR.	0.5	1						-0-		-0-
DIRECTOR (7) JOHN MARTIN	0.5	1						-0		-0
DIRECTOR (8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)		+			T					

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	nd H	lighes	t C	ompensated E	mployees (cor	ntinuec	d)		
					Posi				(5)	(E)		(F	n	
	(A)	(B)		ot ch	eck	more	than c		(D)	(E) Reportable		Estim		
	Name and title	Average hours per					is both or/trust		Reportable compensation	compensation fro	ion from amount of		int of	
		week (list any		_				_	from	related		oth compe		,
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS	C)	from		
		organizations	dua	tior	Ψ.	employee	st co	e,	(W-2/1099-MISC)			organi and re		
		below dotted line)	T ta	nal t		oye	omp						zations	i
		line)	stee	ust		æ	ens							
				Эе			ated							
(15)														
(15)														
(16)														
(10)		†												
(17)														
32														
(18)														
				ļ.,	_	_		_						
(19)														
				_	-	-		<u> </u>			_			
(20)														
			-	-	-	-		-			-			
(21)														
			-	-	-	-	-	+	-			,		
(22)		+												
(00)		+	-	-	-	+								
(23)		+	-											
(24)			 	T	\vdash	T								
(24)		+	1											
(25)														
(20)		·												
1b	Sub-total								-0	-	-0-			-0-
С	Total from continuation sheets to Par	t VII, Section	on A	٠					-0	-	-0-			-0-
d	Total (add lines 1b and 1c)								-0		-0-			-0-
2	Total number of individuals (including bu	ıt not limite	d to t	hos	e lis	ted	abov	e) v	vho received m	nore than \$100	0,000	of		
	reportable compensation from the organ	nization >							NON	<u>E</u>				
									- I E'		actod		Yes	No
3	Did the organization list any former of	fficer, direc	ctor,	or t	rust	tee,	key	em	ployee, or nig	nest compen	sateu	3		1
	employee on line 1a? If "Yes," complete	Screaule 3	i ior s	ucn	IIIC	IIVIC	uai 	•			n tha	3		V
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	eporta	ible	COL	npe	ensatio	on a	and other com	hedule .l for	such			
	individual	greater tr	iaii p	130	,00	0:	, ,		complete co			4		1
_	Did any person listed on line 1a receive	or accrise c	omne	enes	ation	n fro	m an	v u	nrelated organ	ization or indi	idual			
5	for services rendered to the organization	or accrue o	comp	lete	Sc	hec	lule J	for	such person			5		1
C4	on B. Independent Contractors	7. 11 700,							, , , , , , , , , , , , , , , , , , , ,					
	Complete this table for your five highest	compensa	ted in	der	enc	den	cont	rac	tors that receiv	ed more than	\$100,	000 of		
1	compensation from the organization. Re	port comp	ensat	ion i	for t	the	calen	dar	year ending w	ith or within th	e orga	anizatio	on's ta	ax
	year.								-					
	(A)							T	(B)			(C)		
	Name and business ac	Idress							Description of	services	C	compens	ation	
NONE														
110111														
								1					,	
								L						
2	Total number of independent contract	tors (includ	ing b	ut	not	lim	ited t	to 1		bove) wno				
	received more than \$100,000 of comper	sation from	the c	orga	nıza	atior			-0-					

Part	VIII	Statement of Reven	ue				5+1/411		
		Check if Schedule O	contains a	a resp	oonse or note to	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a	-0-				
ran	b	Membership dues .		1b	-0-				
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising events .		1c	-0-				
iifts ar A	d	Related organizations		1d	-0-				
s, G	е	Government grants (contr		1e	-0-				
ion	f	All other contributions, gift							
but		and similar amounts not inclu		1f	-0-				
d E	g	Noncash contributions include	d in lines 1a	-1f: \$	-0-				
	h	Total. Add lines 1a-1f	<u> </u>	<u> </u>		-0-			
Program Service Revenue					Business Code			Maria Carrier Inc. Co. C. Sec.	
Ver	2a								
8	b								
Ş	C								
Ser	d								
am gam	е						-0-	-0-	-0-
rogi	f	All other program servi			-0-	-0-	-0-	-0-1	•
<u>а</u>	g	Total. Add lines 2a–2f Investment income (i	neluding	divid.		-0-			
	3	and other similar amou				220,877.	-0-	-0-	220,877.
	4	Income from investment				-0-	-0-	-0-	-0-
	4	Royalties				-0-	-0-	-0-	-0-
	5	noyanies	(i) Real	<u> </u>	(ii) Personal				
	6a	Gross rents		-0-	-0-				
	b	Less: rental expenses		-0-	5.00				
	C	Rental income or (loss)		-0-					
	d	Net rental income or (I	oss) .			-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securit		(ii) Other				
		assets other than inventory	85	1,474.	0-				
	b	Less: cost or other basis							
		and sales expenses .	83	4,251	0-				
	С	Gain or (loss)		7,223					
	d	Net gain or (loss) .			•	17,223.	-0-	-0-	17,223
Other Revenue	8a	Gross income from fur events (not including \$ of contributions reporte	d on line 1						
þer				· a					
ō	b					-0-		-0-	-0
	9a	Gross income from gase See Part IV, line 19	ming activ	ities.		-0-			
	b					100			
	C	N 1 1 ' / (1) for				-0-	-0-	-0-	-0
	10a								
		returns and allowance		. а	-0-				
	b	Less: cost of goods so	old	. b	-0-				
	C	N			entory >	-0-	-0-	-0-	-0
		Miscellaneous Re			Business Code				
	11a								
	b								
	С								
	d	All other revenue .			-0-	-0-	-0-	-0-	-0
	е	Total. Add lines 11a-	11d		>	-0-			
	12	Total revenue. See in	struction	S .		238,100.	-0-	-0-	238,100

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	<u> </u>	<u> </u>
Do no Bb, 9b	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
7 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 a	Fees for services (non-employees): Management	-0-	-0-	-0-	-0
b	Legal	-0-	-0-	-0-	-0
С	Accounting	-0-	-0-	-0-	-0
d	Lobbying	-0-	-0-	-0-	-0
е	Professional fundraising services. See Part IV, line 17	-0-			-0
f	Investment management fees	31,161.	-0-	31,161.	-(
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	-0-	-0-	-0-	-0
12	Advertising and promotion	-0-	-0-	-0-	-(
13	Office expenses	-0-	-0-	-0-	-(-(
14	Information technology	-0-	-0-	-0-	-(
15	Royalties	-0-	-0-	-0- -0-	-(
16	Occupancy	-0-	-0-	-0-	-(
17	Travel	-0-	-0-	-0-	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		0	-0-	-(
	-	-0-	-0- -0-	-0-	-
19	Conferences, conventions, and meetings .	-0-	-0-	-0-	-(
20	Interest	-0-	-0-	-0-	-(
21 22	Depreciation, depletion, and amortization	-0-	-0-	-0-	-
23	Insurance	-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.)				
		147.	-0-	147.	-
а	INTERNET WEBSITE DOMAIN EXPENSE	35.	-0-	35.	-
b	CHECK STOCK COST	35.	-0-	30.	
q C					
d	All other expenses	-0-	-0-	-0-	-
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	331,343.		31,343.	-
25 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)	331,343.	300,000.	3.73.0	

	rt X	Balance Sheet			
-		Check if Schedule O contains a response or note to any line in this Part	X	• •	· · · · · ·
			(A) Beginning of year		(B) End of year
Т	1	Cash—non-interest-bearing	711.	1	529.
		Savings and temporary cash investments	108,660.	2	66,973.
		Pledges and grants receivable, net	-0-	3	-0-
		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-
	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			
(0		organizations (see instructions). Complete Part II of Schedule L	-0-	6	-0-
Assets	7	Notes and loans receivable, net	-0-	7	-0-
Ass	8	Inventories for sale or use	-0-	8	-0-
	9	Prepaid expenses and deferred charges	-0-	9	-0-
		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	6,066,422.	11	6,480,703.
	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)	6,175,793.	16	6,548,205.
-	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-
y	22	Loans and other payables to current and former officers, directors,			
iţi		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	-0-		-0-
Ë	23	Secured mortgages and notes payable to unrelated third parties	-0-		-0-
	24	Unsecured notes and loans payable to unrelated third parties	-0-	24	-0-
1	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	-0-		-0-
	26	Total liabilities. Add lines 17 through 25	300,000	26	300,000
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	to an over the same and the same and	27	
Sale	28	Temporarily restricted net assets		28	
d E	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.			
0	30	Capital stock or trust principal, or current funds	-0-	30	-0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	-0-		-0
As	32	Retained earnings, endowment, accumulated income, or other funds .	5,875,793	32	6,248,205
et	33	Total net assets or fund balances	5,875,793	. 33	6,248,205
Z	34	Total liabilities and net assets/fund balances	6,175,793	34	6,548,205 Form 990 (2017

_	-4	
Page		4

Form 99	0 (2017)				
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· ·		• •	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,343.
3	Revenue less expenses. Subtract line 2 from line 1	3			,243.)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			5,793.
5	Net unrealized gains (losses) on investments	5		46	5,655.
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		6,24	8,205.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • •	<u> </u>	Yes	No
				Yes	NO
1	Accounting method used to prepare the Form 990: Cash Accrual Other	oloin i	_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	Jiani II	•		
	Schedule O.		2a		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	iled o	r		V
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	nica o	•		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b		1
b	Were the organization's financial statements audited by an independent accountant?	d on			V
	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	u on i	•		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	ersiah	ıt İ		erankerensky.
С	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	olain i	n		
	Schedule O.	p.a			
_	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		
3a	the Single Audit Act and OMB Circular A-133?		. За		1
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th			_
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
	Toquillou dudit of dudito, oxpiditi tity in consecut a and a and a a		For	m 99 0	(2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-2749954 SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 5 Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iv) Is the organization (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported organization other support (see listed in your governing support (see (described on lines 1-10 document? instructions) instructions) above (see instructions)) No Yes 60,000 -0-CAMPBELL UNIVERSITY 56-0529940 60,000. -0-**DUKE UNIVERSITY** 56-0532129 (C) NORTH CAROLINA CENTRAL 60.000 -0-56-6000730 UNIVERSITY (D) UNIVERSITY OF NORTH CAROLINA -0-60,000 AT CHAPEL HILL 56-6001393 -0-

56-0532138

WAKE FOREST UNIVERSITY

Total

-0-

60,000.

300,000.

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

	on A. Public Support					() 2047	(0 T-4-1
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
Secti	on B. Total Support		# # # # # # # # # # # # # # # # # # #	1-1 0015	(4) 2016	(e) 2017	(f) Total
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(i) Total
7	Amounts from line 4						
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	Total support. Add lines 7 through 10		<u> </u>			1.51	
12	Gross receipts from related activities, etc.	. (see instruct	ions)			12	on 501(a)(3)
13	First five years. If the Form 990 is for the	he organizatio	in's first, secor	id, third, fourti	n, or ππη ταχ y	rear as a secur	on 501(c)(5) ▶ □
	organization, check this box and stop he			· · · · ·	· · · · ·		
	ion C. Computation of Public Suppo	rt Percentag	ge	11 column (f)		14	%
14	Public support percentage for 2017 (line	6, column (I) c	INITION 14			15	%
15	Public support percentage from 2016 Sc 331/3% support test—2017. If the organ	nedule A, Pari	t II, IIIIE 14 .		nd line 14 is 3		
16a	box and stop here. The organization qua	alifies as a pub	dicty supported	d organization			▶ □
1-		ization did no	t check a box	on line 13 or 1	6a, and line 15	is 331/3% or n	nore, check
b	this box and stop here. The organization	qualifies as a	publicly suppo	orted organiza	tion		🕨 🛚
170	100/ facts and sircumstances test - 2	017 If the ord	nanization did i	not check a be	ox on line 13,	16a, or 16b, ar	nd line 14 is
17a	10% or more, and if the organization meets the organization	eets the "fact "facts-and-cir	s-and-circums	tances" test, c est. The orgar	neck this box dization qualifie	and stop nere	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets t meets the "fa 	he "facts-and- cts-and-circum	ecircumstances estances" test	s" test, cneck . The organiza	tion qualifies a	s a publicly
18	Private foundation. If the organization of	lid not check a	a box on line 13	3, 16a, 16b, 17	a, or 1/b, che	ck this box and	1 See ► [
	instructions		<u> </u>	<u></u>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support				10000	(-) 0017	(f) Tetal
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						-
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support				-	,	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		-			1	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			 			
С	Add lines 10a and 10b					 	
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
40	Total support. (Add lines 9, 10c, 11,						
13	and 12)						
14	First five years. If the Form 990 is for t	he organization	n's first, secon	nd, third, fourt	h, or fifth tax y	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he	ere					▶ □
Sect	ion C. Computation of Public Suppo	rt Percentag	ge				
15	Public support percentage for 2017 (line	8, column (f) o	divided by line	13, column (f))		. 15	%
16	Public support percentage from 2016 Sc	hedule A, Par	t III, line 15 .	<u></u>	· · · ·	. 16	%
Sect	ion D. Computation of Investment Ir	come Perce	entage	1. 10 1	(0)	47	%
17	Investment income percentage for 2017	(line 10c, colu	mn (f) divided	by line 13, colt	umn (ĭ))	. 17	% %
18	Investment income percentage from 201	6 Schedule A,	Part III, line 17	v on line 14	and line 15 is	nore than 331	
19a	331/3% support tests—2017. If the organ	nization did no	The organization	tion qualifies as	and line 10 18 f a publicky euro	noted organiza	ation .
	17 is not more than 331/3%, check this box	and stop ner	shook a bay a	uon quannes as a line 1/ or line	10a and line 1	6 is more than	331/3%, and
b	331/3% support tests – 2016. If the organiline 18 is not more than 331/3%, check this	box and etch	here. The orga	nization qualifie	es as a publiciv	supported ora	anization >
	Private foundation. If the organization of	bux and stup	hov on line 1	4 19a or 19h	check this box	x and see inst	ructions ►
20	Private foundation. If the organization of	na not check i	A DOY OU HILL I	T, 100, 01 100,	3.1001t tillo 50		

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	ganizations

ectio	on A. All Supporting Organizations			NI.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	4	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	1	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		110
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		\
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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		→
7	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		\ \ \
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		1
b	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		1
С	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		1
10a	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		1
b	By the property of the base and excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedu	e A (Form 990 or 990-Ez) 2017			
Part	Supporting Organizations (continued)		Yes	No
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
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)	44.		,
	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		1
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		✓
Secti	on B. Type I Supporting Organizations		V	No
			Yes	140
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		✓
•	Did the organization operate for the benefit of any supported organization other than the supported			
2	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
0 1				
Sect	on C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	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			
	or management of the supporting organization was vested in the same persons that dentering organization	1	Control (CA)	
	the supported organization(s).	<u> </u>	<u> </u>	
Sect	ion D. All Type III Supporting Organizations		V	No
7370-13-14-14-1			Yes	No
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			
	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 now			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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		1000000
	ion E. Type III Functionally Integrated Supporting Organizations			
Sect	ion E. Type III Functionally integrated supporting organizations	inatu	ıotior	· • ·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	mstru	CUOI	13).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	nstruc	tions
Ŭ			Yes	
2	Activities Test. Answer (a) and (b) below.		168	
а	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		
_	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
3	Division in the second to regularly appoint or plact a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За	over the control of t	CONTRACTOR OF STREET
		- 54		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	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 Org	ani	zations	
■ □ OL Library if the examplestion satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Sect	ions A through L.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior 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		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
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			
omergency temporary reduction (see instructions).	6		
 7 Check here if the current year is the organization's first as a non-functional instructions). 	ly in	ntegrated Type III suppor	ting organization (see

Part) Supporting Organia	zations (continued)	Current Year
Secti	on D - Distributions			Current rear
1	Amounts paid to supported organizations to accomplish e	exempt purposes	4-4	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	rtea	
	organizations, in excess of income from activity		-!	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	,	(:)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a	ZAGOGO dietrio di inicia sa inicia s			
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			400
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	1		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
d				
	Excess from 2017			
_			Calandula	A /Form 990 or 990-F7) 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	IES 12a & 12f. THE JUNE 3, 2005 IRS LETTER RULING PROVIDES THE SCHOLARSHIP FUND WITH PUBLIC CHARITY STATUS
PURSUAN	TTO INTERNAL REVENUE CODE SECTION 509(a)(3) BUT DOES NOT SPECIFY THE TYPE. THE SCHOLARSHIP FUND'S
FORM 1023	S SPECIFIED THAT FIVE OF THE SEVEN BOARD MEMBERS WOULD BE APPOINTED BY THE DEANS OF THE SUPPORTED
LAW SCHO	OOLS. THE SCHOLARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S
WEBSITE /	AT WWW.SMITHSHAVERSCHOLARSHIP.ORG.
	THE LIMITERS
	ECTION A, LINE 2. THE SUPPORTED ORGANIZATIONS ARE EDUCATIONAL INSTITUTIONS. THREE OF THE UNIVERSITIES
	EXEMPT 501(c)(3) EDUCATIONAL ORGANIZATIONS CLASSIFIED BY THE IRS AS PUBLIC CHARITIES. ALL THREE ARE
SECTION	170(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 S	TATING THAT IRS RECORDS INDICATE THAT IT IS NOT A PRIVATE FOUNDATION BECAUSE IT IS DESCRIBED IN SECTIONS
509(a)(1) A	ND 170(b)(1)(A)(ii). THE IRS, HOWEVER, DOES NOT LIST NORTH CAROLINA CENTRAL UNIVERSITY AS A PUBLIC CHARITY.
IRRESPEC	TIVE OF WHETHER THE IRS LETTER APPLICABLE TO THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL INCLUDES
	EMBERS OF THE UNIVERSITY OF NORTH CAROLINA SYSTEM, NORTH CAROLINA CENTRAL UNIVERSITY ITSELF IS A
STATE UN	
STATE ON	IVERSITY.
PART IV,	SECTION B, LINE 1. AS PERMITTED BY THE REGULATIONS AND IN ACCORD WITH THE FORM 1023 APPLICATION RESULTING
IN THE IU	NE 3, 2005 IRS LETTER RULING GRANTING SUPPORTING ORGANIZATION STATUS TO THE SCHOLARSHIP FUND,
	RD MEMBERS (OF A TOTAL OF SEVEN BOARD MEMBERS) ARE APPOINTED BY THE LAW SCHOOL DEANS OF THE
	ED ORGANIZATIONS. EACH DEAN APPOINTS ONE BOARD MEMBER TO REPRESENT HIS OR HER LAW SCHOOL.
	DLARSHIP FUND'S FORM 1023 AND THE IRS LETTER RULING ARE POSTED ON THE SCHOLARSHIP FUND'S WEBSITE AT
	ITHSHAVERSCHOLARSHIP.ORG. FURTHER, EACH LAW SCHOOL RECOMMENDS STUDENTS ELIGIBLE FOR A SMITH/SHAVER
SCHOLAF	RSHIP. THE LAW SCHOOL REPRESENTATIVE ON THE SCHOLARSHIP FUND'S BOARD MAKES SELECTIONS FROM THE
STUDENT	S RECOMMENDED BY THE RESPECTIVE SUPPORTED LAW SCHOOL.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Let a ways its government of the latest information.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name o	f the or	ganization		Employer identification number
SMITH	SHAV	ER LAW SCHOOL SCHOLARSHIP FUND, INC.		20-2749954
Par		Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	as or Accounts.
		Complete if the organization answered '	Yes" on Form 990, Part IV, line 6.	(b) Funds and other accounts
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggr	egate value of contributions to (during year)		
3	Aggr	egate value of grants from (during year) .		
4	Aggr	egate value at end of year		li i i i i i i i i i i i i i i i i i i
5	funds	he organization inform all donors and donors are the organization's property, subject to the	e organization's exclusive legal contro	ol? Yes 🖂 No
6	Did +	he organization inform all grantees, donors, a	and donor advisors in writing that gra-	nt funds can be used
	only	for charitable purposes and not for the bene-	fit of the donor or donor advisor, or t	or any other purpose
	confe	erring impermissible private benefit?		Yes L No
Par	t II	Conservation Easements.	_	
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	No. of the state o
1	Purp	oso(s) of conservation easements held by the	organization (check all that apply).	
		reservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
		rotection of natural habitat	☐ Preservation o	f a certified historic structure
		reservation of open space		in the form of a concentration
2	Com	plete lines 2a through 2d if the organization h	eld a qualified conservation contribution	Held at the End of the Tax Year
		ment on the last day of the tax year.		
а	Tota			
b	Tota	I acreage restricted by conservation easemen	ts	2b
С	Num	ber of conservation easements on a certified	historic structure included in (a)	2c
d	hieto	ber of conservation easements included in ric structure listed in the National Register		· · 2d
3	tax y	ber of conservation easements modified, tran		minated by the organization during the
4	Num	ther of states where property subject to conse	rvation easement is located	<i>,</i>
5	Door	s the organization have a written policy re tions, and enforcement of the conservation ea	garding the periodic monitoring, in	spection, handling of
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
U				
7	Amo	unt of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
•	D = 2	s each conservation easement reported on line	2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
8	and	section 170(h)(4)(B)(ii)?		L Yes L No
9	bala	art XIII, describe how the organization reports nce sheet, and include, if applicable, the text unization's accounting for conservation easem	of the footnote to the organization's fi ents.	nancial statements that describes the
	t III	Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV, line 8	
1a	If th	a arganization elected as permitted under SI	AS 116 (ASC 958), not to report in it	is revenue statement and balance sheet
	wor	ks of art, historical treasures, or other simila lic service, provide, in Part XIII, the text of the	r assets held for public exhibition, e footnote to its financial statements th	at describes these items.
b	If the	e organization elected, as permitted under this of art, historical treasures, or other similalic service, provide the following amounts rela	SFAS 116 (ASC 958), to report in its or assets held for public exhibition, ϵ ting to these items:	s revenue statement and balance sheet education, or research in furtherance of
	(i) F	Revenue included on Form 990, Part VIII, line		\$
	(ii) A	Assets included in Form 990, Part X		
2	follo	ne organization received or held works of ar sowing amounts required to be reported under	SFAS 116 (ASC 958) relating to these	items:
а	Rev	enue included on Form 990, Part VIII, line 1		> \$
b	Ass	ets included in Form 990, Part X	<u> </u>	▶ \$

Part	III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or C	ther Similar Ass	ets (continuea)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	er records, check	cany of the folio	owing that are a sig	nificant use of its
а	☐ Public exhibition			or exchange pro		
b	Scholarly research		e U Other			
С	 Preservation for future generations 		1 to be be as a 46	and fourther the o	raanization's evemn	ot nurnose in Part
4	Provide a description of the organization	on's collections ar	nd explain now tr	iey further the o	rganization's exemp	or purpose in i air
	XIII.			sistorical traceur	es or other similar	
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintain	ned as part of the	organization's	collection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.				unt on Form
	Complete if the organization	answered "Yes"	on Form 990, F	art IV, line 9, c	r reported an amo	ount on Form
	990, Part X, line 21.				or other assets not	
1a	Is the organization an agent, trustee,	custodian or othe	er intermediary to	or contributions		☐ Yes ☐ No
	included on Form 990, Part X?		و مانده الماد و داد دا			_ 103 _ 105
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	ible.	Am	ount
				ļ .	1c	
C	Beginning balance			_	1d	
d	Additions during the year				1e	
e	Distributions during the year Ending balance				1f	
f	Did the organization include an amour	nt on Form 990 Pa	rt X. line 21. for e	scrow or custod	ial account liability?	☐ Yes ☐ No
2a	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provi	ded on Part XIII .	🗆
b Par	V Endowment Funds.	are zero				
1 (21)	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.		
	Complete in the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	6,175,793.	6,046,960.	6,516,50	0. 6,428,152.	6,213,593
b	Contributions	-0-	-0-		00-	-0-
c	Net investment earnings, gains, and					
	losses	719,188.	459,160.	(138,48		544,970.
d	Grants or scholarships	300,000.	300,000.	300,00	0. 300,000.	300,000.
е	Other expenditures for facilities and					
	programs	-0-	-0-		00-	
f	Administrative expenses	31,343.	30,327.			
g	End of year balance	6,563,638.	6,175,793.			0,420,132.
2	Provide the estimated percentage of t	he current year en		g, column (a)) ne	u as.	
а	Board designated or quasi-endowme		0%			
b	Permanent endowment	0%				
С	Temporarily restricted endowment	0%	200/			
	The percentages on lines 2a, 2b, and Are there endowment funds not in the	2c snould equal 10	JU%. Le organization th	at are held and	administered for the	Э
3a		e possession or th	e organization th	at are field and		Yes No
	organization by:					3a(i) ✓
	(i) unrelated organizations (ii) related organizations					3a(ii) ✓
	(ii) related organizations If "Yes" on line 3a(ii), are the related of		as required on S	chedule B?		3b
b	Describe in Part XIII the intended use	s of the organization	n's endowment f	funds.		
4						
Par	Complete if the organization	answered "Yes	" on Form 990.	Part IV, line 11	a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot		or other basis	c) Accumulated	(d) Book value
	Description of property	(investm	and the second s	other)	depreciation	
1a	Land	.				
b	Buildings					
C	Leasehold improvements					
d	Equipment					
e	Other					
Total	. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colum	n (B), line 10c.)		

	Complete if the organization answered "Yes" on F	(b) Book value	(c) Method of valuation:
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
	derivatives	•	
	neld equity interests	•	
Other			
(A) (B)			
(C)			
(D)			
(E)			
(=) (F)			
(G)			
(H)			
al. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
art VIII	Investments-Program Related.	- 000 D-4N/ line	11a Cas Form 000 Part V line 13
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	(c) Method of valuation:
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
1)			
2)			
3) 4)			
4) 5)			
5)			
7)			
8)			
9)			
(9) otal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(8) (9) otal. (Column Part IX	Other Assets	Form 990 Part IV line	a 11d. See Form 990. Part X. line 15
(9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15
9) otal. (Column Part IX	Other Assets	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15
9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) tal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) htal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) tal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) tal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) ttal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15 (b) Book value
9) btal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description		e 11d. See Form 990, Part X, line 15 (b) Book value
9) btal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		e 11d. See Form 990, Part X, line 15 (b) Book value
9) btal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
9) otal. (Column Part IX 1) 2) 3) 44) 55) 66) (7) (8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 55) 66) 77) 88) 99) otal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	(b) Book value
e) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
e) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	(b) Book value
e) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column Part X 1) Federal 2)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X (1) Federal (2) (3)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) ttal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X . (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) ttal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X . (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) (7) (8) 9) otal. (Column Part X . (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) otal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) (7) (8) 9) otal. (Column Part X . (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	(b) Book value
9) otal. (Column Part IX 1) 2) 3) 4) 5) 6) (7) 8) 9) otal. (Column Part X . (1) Federal (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (9)	Other Assets. Complete if the organization answered "Yes" on (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability (b) Book val	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X,

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents with Revenue per	neturn.
	Complete if the organization answered "Yes" on Form 990, F	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:	i - I	
а	Net unrealized gains (losses) on investments	2a	-
b	Donated services and use of facilities	2b	-
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	i . i	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.)	4b	- 4- 1
С	Add lines 4a and 4b	10)	4c 5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	
Part	XII Reconciliation of Expenses per Audited Financial Staten	Dort IV line 122	er neturn.
	Complete if the organization answered "Yes" on Form 990,		11
1	Total expenses and losses per addition infantistal state.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	10-1	
а	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	-
С	Other losses	2c 2d	+
d	Other (Describe in Part XIII.)		2e
е	Add lines 2a through 2d		3
3	Subtract line 2e from line 1	i . i	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4b	
b	Other (Describe in Part XIII.)	40	4c
c	Add lines 4a and 4b		5
5		10 10.9	
Part	Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	nd 4: Part IV. lines 1b and 2	b; Part V, line 4; Part X, line
2. Dar	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	information.
2, 1 ai	V, LINE 4. THE SCHOLARSHIP FUND WAS ESTABLISHED, AND HAS BEEN U	SED EXCLUSIVELY. TO SUF	PPORT THE LAW SCHOOLS
PART	V, LINE 4. THE SCHOLARSHIP FOND WAS ESTABLISHED, AND THAS BEEN S	020 271010011111111111111111111111111111	
	MPBELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL UNI	VERSITY, THE UNIVERSITY	OF NORTH CAROLINA AT
AT CA	MPBELL UNIVERSITY, DUKE UNIVERSITY, NORTH CAROLINA CENTRAL OIL	VIII III III III III III III III III II	
01140	EL HILL, AND WAKE FOREST UNIVERSITY, PURSUANT TO THE JUNE 3, 2004	ORDER OF THE HONORAB	LE HOWARD E. MANNING,
CHAP	EL HILL, AND WAKE FOREST UNIVERSITY, TORSONNY TO THE SOILE OF ESS		
1D N	ORTH CAROLINA SUPERIOR COURT JUDGE, IN THE CONSOLIDATED CLASS	ACTIONS KNOWN AS SMIT	TH v. STATE OF
JR., N	ORTH CAROLINA 30F ERIOR COOKT 3050E, IN THE SOCIO		
NODT	H CAROLINA AND SHAVER V. STATE OF NORTH CAROLINA. THE PRIMARY	INTENDED USE OF THE EN	DOWMENT IS TO
NURI	H CAROLINA AND SHAVER V. STATE OF NORTH OF MOLENT		
DDOV	IDE SCHOLARSHIPS, BASED PRIMARILY ON NEED, TO NORTH CAROLINA R	ESIDENTS TO ATTEND THE	SUPPORTED
PROV	IDE SCHOLARSHIPS, DASED I KIMAKIET ON MEED,		
I AM	SCHOOLS.		
LAW	36100L3.		
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		A STATE OF THE STA	

Schedule D (Fo	rm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE I (Form 990)

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

2017 Open to Public Inspection

Employer identification number 20-2749954

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

General Information on Grants and Assistance

Part I

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I (Form 990) (2017)		Cat. No. 50055P			s for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Pap
\			line 1 table	tions listed in the	vernment organiza I in the line 1 table	n 501(c)(3) and gov organizations listec	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	0 W
								(12)
								(11)
								(10)
								6
								(8)
								E
								(9)
								(2)
								(4)
								ල
								(2)
								(J)
(n) Purpose of grant or assistance	(g) Description of noncash assistance	(e) Amount of non- cash assistance (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	(b) EIN	1 (a) Name and address of organization or government	1 (a) N
ered "Yes" on Form	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.	ients. Complete i uplicated if additi	nestic Governm Part II can be d	ations and Don ore than \$5,000.	nestic Organiz a	sistance to Dor or any recipient t	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Part II
L = 285		States.	nds in the United	nonitoring the use of grant funds in the United States.	es for monitoring t	zation's procedure	Describe in Part IV the organization's procedures for m	2
· · · Ves					r assistance?	award the grants o	Does the organization finantial records to substantiate the selection criteria used to award the grants or assistance?	- ⊃ ≠
and	ar the grants or assistance	rantees' eligibility f	p odt oogstaioog	to otherwood and to to			Color and the graph of the graph of the graph of the graph of assistance and	- 7 - 5

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

	Part III can be duplicated it additional space is needed.	space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHO	1 SCHOLARSHIPS FOR LAW SCHOOLS	58	300,000.	0-	-0- NOT APPLICABLE	NOT APPLICABLE
7						
20						
4						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	ie 2; Part III, colum	n (b); and any other addi	tional information.

SMITH/SHAVER SCHOLARS FROM TIME TO TIME AND IN MOST CASES ARE PROVIDED UPDATES REGARDING SCHOLARS THROUGH THE LAW SCHOOLS. INDIVIDUAL SCHOLARSHIP \$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 CANDIDATES BASED ON THE CRITERIA PROVIDED BY THE SCHOLARSHIP FUND IN ACCORDANCE WITH THE JUNE 3, 2004 ORDER OF NORTH CAROLINA SUPERIOR COURT JUDGE STATUS. EACH LAW SCHOOL MAINTAINS RECORDS ON EACH RECIPIENT AT THAT LAW SCHOOL AND UPDATES THE FUND WITH RESPECT TO ANY SCHOLAR STATUS CHANGE. AVAILABLE TO BOARD MEMBERS. THE SCHOLARSHIP FUND WORKS WITH THE ADMISSIONS OFFICE OF EACH SUPPORTED LAW SCHOOL, WHICH RECOMMENDS SCHOLARSHIP 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 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. AUTOMATED CLEARING HOUSE TRANSFERS, AND FINANCIAL RECORDS AS WELL AS THE SCHOLARSHIP FUND'S FINANCIAL INSTITUTION'S MONTHLY STATEMENTS. ALL ARE PART III, LINE 1(b). THERE WERE OVER 50 SMITH/SHAVER SCHOLARS IN 2017. 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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20-2749954

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 FOR 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 BY LAW SCHOOL DEANS 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 2017 PRIOR TO THE FEBRUARY 2018 ANNUAL BOARD MEETING. THE FUND'S INVESTMENT MANAGER BANK APPEARED AT THE BOARD MEETING AND WAS CONSULTED AS NEEDED DURING 2017. 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 2017 THE SCHOLARSHIP FUND ENGAGED IN NO TRANSACTIONS OTHER THAN CHOOSING AN INVESTMENT ADVISOR, SETTING INVESTMENT POLICY, PAYMENT FOR ITS WEBSITE DOMAIN, PURCHASE OF CHECK STOCK, AND MAKING TUITION PAYMENTS AS DIRECTED BY THE LAW SCHOOLS. NAMES OF SCHOLARSHIP CANDIDATES, SUBMITTED BY THE LAW SCHOOLS, ARE CIRCULATED AMONG BOARD MEMBERS TO ENSURE NO AWARDS ARE MADE TO POTENTIALLY EXCLUDED RELATIVES AND TO MINIMIZE THE POSSIBILITY OF CONFLICTS ARISING IN THE SELECTION PROCESS. ANY DISCUSSION REGARDING A

Schedule O (Form 990 or 990-EZ) (2017)	Employer identification number
Name of the organization 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.	
THE SOURCE ADOLED ELIBIDIC MEDICITE MANAGE CHITCHAVE DOCUMENT	RSHIP ORG SETS OUT THE
FORM 990, PART VI, LINES 18 &19. THE SCHOLARSHIP FUND'S WEBSITE WWW.SMITHSHAVERSCHOLA	
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 THE SCHOL	ARSHIP FUND'S EXISTENCE.
THE WEBSITE ALSO PROVIDES A HISTORY OF THE SCHOLARSHIP FUND. THE BY-LAWS, INCLUDING T	HE CONFLICT OF INTEREST
POLICY AND GOVERNANCE PROVISIONS, WERE ADOPTED BY THE BOARD AT ITS INITIAL MEETING.	
	
A A D SOMADOS MAINTAINS THE SOUR ABSHIR SHIND'S DECORDS AT A D	RIVATE RESIDENCE, WHICH
FORM 990, PART VI, LINE 20. MR. EDWARDS MAINTAINS THE SCHOLARSHIP FUND'S RECORDS AT A P	
IS NOT REQUIRED TO BE DISCLOSED ON FORM 990. MR. EDWARDS MAY BE REACHED THROUGH THE	SCHOLARSHIP FUND'S
ADDRESS, C/O KEITH VAUGHAN.	
FORM 990, PART XI, LINE 5. THE UNREALIZED GAIN/LOSS IS BASED ON RUNNING TOTALS. THE FIGUR	RE PROVIDED MATCHES
THE ACCURATE BALANCE SHEET FIGURES SET OUT IN PART X.	
THE ACCOUNTE DALANCE SHEET HOUSES SELECTION TO SHEET S	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

red "Ves" on Form 990. Part IV. line 33, 34, 35b, 36, or 37. ▶ Complete if the organ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC.

Part

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	Attach to Form 990.	
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OMB No. 1545-0047 2017

Employer identification number

20-2749954

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled entity? å (f)
Direct controlling
entity 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. Yes (f)
Direct controlling entity (e) End-of-year assets N/A 2 N/A N/A N/A Z/A (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) 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) NORTH CAROLINA NORTH CAROLINA NORTH CAROLINA NORTH CAROLINA NORTH CAROLINA (b) Primary activity (b) Primary activity **EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (4)UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL (a) (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: 56-6000730 DURHAM, NC EIN: 56-0532129 (2)DUKE UNIVERSITY Part II 9 0 9 9 ල Ξ 2 4

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Schedule R (Form 990) 2017

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 å (k) Percentage ownership 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. 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. (i) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) end-of-year assets (g) Share of Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total Yes income (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512—514) (c)
Legal domicile
(state or foreign country) (d) Direct controlling (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part IV Part III (2) 9 9 0 ල 4 E 2 E ල 4 9 2 Ξ

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Schedule R (Form 990) 2017

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

		L
Notes Complete line 1 if any entity is listed in Parts II III or IV of this schedule.		Tes No
Note: Complete into the graph of the following transactions with one or more related organizations listed in Parts II—IV?	elated organizations listed in Par	ts II–IV?
1 During the tax year, did the organization engage in any or the lonowing transactions with one or more of		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enuty		17
h Giff mant or capital contribution to related organization(s)		>
c Giff, grant, or capital contribution from related organization(s)		> pt
d Loans or loan guarantees to or for related organization(s)		3 4
a Loans or loan a usrantees by related organization(s)		>
f Dividends from related organization(s)		-
Solo of accepte to related organization(s)		b 61
		> + + · · · · · · ·
h Purchase of assets from related organization(s)		7
i Exchange of assets with related organization(s)		
in the state of th		, II
Lease of facilities, equipment, or other assets to related organization(s)		
1		- 1k
K Lease of lacilities, equipment, of other associations for solutions for solutions		>
Performance of services of membership or luridratship solicitations for related organization (9)		- mt
m Performance of services or membership or fundraising solicitations by related organization(s) · · · ·		1
		> uL
		7 10
 Sharing of paid employees with related organization(s) 		
Delimburgement paid to related organization(s) for expenses		dL
		, 19 · · ·
q Heimbursement paid by related organization(s) for expenses		
r Other transfer of cash or property to related organization(s)		> JL
		,
0	this line including covered relat	onships and transaction thresholds.
2 If the answer to any of the above is "Yes," see the instructions for information on who must comprise to		
(a) Name of related ormanization	(b) (c) Transaction Amount involved	(d) Method of determining amount involved
	type (a-s)	
(1) SEE PART VII BELOW.		
	· · · · · · · · · · · · · · · · · · ·	
(2)		
(8)		
(4)		
(5)		
(9)		Schedule R (Form 990) 2017

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

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

No N	(g) (h) (b) (c) (d) (d) (e) (f) (d) (e) (f) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant A income (related, unrelated, excluded from tax under o	Are all partners section 501(c)(3) organizations?	(f) Share of total 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)	General or managing partner?	(k) Percentage ownership
				sections 512-514)	Yes No			⁸		Yes	
	(1)										
	(2)										
	(6)										
	(4)										
	(5)										
	(9)										
	(<u>a)</u>										
	(8)				4						
	(6)										
	(10)										
	(11)										
	(12)										
	(13)										
	(14)										
	(15)	1									
	(16)										

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
PART V. TUITION PAYMENTS ARE MADE AT THE DIRECTION OF THE SUPPORTED LAW SCHOOLS. IN 2017, TRANSFERS RELATING TO
SCHOLARSHIP AWARDS WERE MADE TO EACH LAW SCHOOL IN THE AMOUNT OF \$60,000.00 FOR A TOTAL OF \$300,000.00
TO ALL SUPPORTED LAW SCHOOLS. THE SCHOLARSHIP FUND BOARD OF DIRECTORS DETERMINES THE TOTAL AMOUNT OF NEW
SCHOLARSHIP MONEY EACH YEAR AT ITS ANNUAL MEETING. THE TOTAL AMOUNT IS DIVIDED EVENLY AMONG THE LAW SCHOOLS
SO THAT EACH LAW SCHOOL IS ALLOCATED ONE-FIFTH OF THE NEW AWARD. THIS AMOUNT, COMBINED WITH SCHOLARSHIP
AMOUNTS PREVIOUSLY COMMITTED BY THE BOARD FROM EARLIER YEARS, IS TRANSFERRED AT THE DIRECTION OF THE LAW
SCHOOLS. ALLOCATIONS TO THE LAW SCHOOLS ARE EQUAL IN AMOUNT WITH THE NUMBER OF SCHOLARS AT EACH LAW SCHOOL
AND THE AMOUNT OF INDIVIDUAL SCHOLARSHIPS VARYING BY LAW SCHOOL. PAYMENTS ARE MADE TWICE A YEAR, ONE TRANSFER
FOR FALL TUITION AND ONE TRANSFER FOR SPRING TUITION. EACH LAW SCHOOL ALLOCATES THE TRANSFER IT RECEIVES WITH
RESPECT TO THE SMITH/SHAVER SCHOLARS ATTENDING THE LAW SCHOOL. BECAUSE TRANSFERS ARE MADE FOR THE PAYMENT
OF SMITH/SHAVER SCHOLAR TUITION ONLY, PART V LINE 1r IS CHECKED IN ORDER THAT THE PROCEDURE FOR PAYING THE
INDIVIDUAL SCHOLARSHIPS CAN BE EXPLAINED HERE.