Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	ne 2005 c	alendar	year, or tax year beginning		, 2005, and	dending		, 20
В	Check if	applicable:	Please	C Name of organization					entification number
	Address	s change	use IRS label or					20 27499	
	Name o	change	print or type.	Number and street (or P.O. box	if mail is not delivered to	street addres	s) Room/suite	E Telephone n	
\checkmark	Initial re	eturn	See Specific		1818			(336) 72	
	Final re	turn	Instruc- tions.	City or town, state or country, a	ind ZIP + 4			F Accounting meth	
		ed return					H and Lare no	Other (spot applicable to se	ection 527 organizations.
Ш	Applicat	ion pending		ction 501(c)(3) organizations an sts must attach a completed Sch					affiliates? Yes No
G	Websit	e: ► N/A		·	·	,	H(b) if "Yes,"	enter number of	affiliates ▶
								ffiliates included?	
				only one) ► 🛭 501(c) (3) ◄ (attach a list. See	•
K				rganization's gross receipts are no return with the IRS; but if the org			organizat	separate return filed ion covered by a gro	oup ruling? Yes No
				n. Some states require a complete		a return, be		xemption Number	
_				, , , , , , , , , , , , , , , , , , ,					ganization is not required
				s 6b, 8b, 9b, and 10b to line 1					990, 990-EZ, or 990-PF).
	art I			penses, and Changes i		una Balai	ices (See ti	ne instruction	<u>s.) </u>
	1			gifts, grants, and similar ar		1a	6,112,9	47	
	a			upport		1b	0,112,0	747	
	b			support		1c			
				1a through 1c) (cash \$			1	1d	6,112,947
	2			e revenue including governm					
	3			ues and assessments					
	4		•	ings and temporary cash in				1 _ 1	173,295
	5			interest from securities .				. 5	
	6a	Gross re	ents .			6a			
	E			penses		6b			
	1			me or (loss) (subtract line 6	b from line 6a)			, <u>6c</u>	
ĭie	7			ent income (describe	(A) Securities		3) Other) 7	
Revenue	8a			from sales of assets other		8a "			
æ				ner basis and sales expenses.		8b		Littlinia.	
	1			attach schedule)		8c		Param.	
				s) (combine line 8c, columns	(A) and (B))			8d	
	9			nd activities (attach schedule). I					
	a	•			of	, 0,			
				eported on line 1a)		9a		the second	
				penses other than fundrais					
	I .			(loss) from special events (. <u>9c</u>	
				inventory, less returns and		10a		in stilled	
	b			oods sold		10b	" " (0)	10c	
	11			oss) from sales of inventory (a (from Part VII, line 103)					
	12	Total re	venue (add lines 1d, 2, 3, 4, 5, 6c, 3	7, 8d, 9c, 10c, and 1	1)		. 12	6,286,242
	13			es (from line 44, column (B				13	
ses	14			and general (from line 44, co				14	587
Expenses	15			om line 44, column (D)) .				. 15	
Ä		Paymer	nts to at	ffiliates (attach schedule) .				. 16	
	17			s (add lines 16 and 44, col					587
iets	18			cit) for the year (subtract lin	·			1 1	6,285,655
Ass	19			und balances at beginning					
Net Assets	20 21			in net assets or fund balar and balances at end of year (. 20	6,285,665
	1 -	1101 0331	010 UI 10	ma balances at the or year (, and 20)		. [41]	0,200,000

	Functional Expenses organizations and	section 49	947(a)(1) nonexempt	charitable trusts b	ut optional for others. (S	See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$)	22				
23	If this amount includes foreign grants, check here ▶ ☐ Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29		· · · · · · · · · · · · · · · · · · ·		
30	Professional fundraising fees	30				
31	Accounting fees	31				· · · · · · · · · · · · · · · · · · ·
32	Legal fees	32				····
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37		-,,-	· · · · · · · · · · · · · · · · · · ·	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):	420	500		500	
	Form 1023 Fee North Carolina incorporation fee	43a 43b	60		60	
b	Corporate Seal	43c	27		27	
C		43d			- 21	
d		43e				
e		43f				
		43g				
g 44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	587		587	
Join	t Costs. Check ▶ ☐ if you are following SOP					
Are a	any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint costs	and fund				
	es, enter (i) the aggregate amount of these joint costs re amount allocated to Management and general \$				to Program services to Fundraising \$	φ;
,	The second secon		1 4110 (11) 1110	annount anovator	to randialong w	

Part III Statement	of Program Service	Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	grams and accomplishments.	
٧h	at is the organization's primary exempt purpose? ▶ Grant Scholarships to Attend Law School	Program Service Expenses
All (organizations must describe their exempt purpose achievements in a clear and concise manner. State the number blients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	The Scholarship Fund, organized in 2005, established procedures by which to award scholarships	
	to North Carolina residents attending one of five designated law schools and began discussions	
	with the supported university law schools with the goal of identifying scholarship candidates	
	beginning with the 2006/2007 academic year. The Scholarship award commitment made in 2006 is for \$300,000, with one-third (\$100,000) paid in each of the three years scholarship recipients attend	
	law school. New scholarships will be awarded in each succeeding year.	
	(Grants and allocations \$ 0) If this amount includes foreign grants, check here ▶ □	0
b		
_		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
Ū		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	Form 990 (2005)
		1 01111 000 (2000)

Pa	ırt IV	Balance Sheets (See the instructions.)		
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year	(B) End of year
	45 46	Cash—non-interest-bearing		45 46 6,285,655
		Accounts receivable	4	7c
Assets		Pledges receivable		18c 49
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
		Other notes and loans receivable (attach schedule)		51c
ğ	52 53 54	Inventories for sale or use		52 53 54
	55a	Investments—land, buildings, and equipment: basis		
	56	Less: accumulated depreciation (attach schedule)		55c 56
	I	Land, buildings, and equipment: basis . Less: accumulated depreciation (attach		57c
	58	Other assets (describe ►)		58
	59	Total assets (must equal line 74). Add lines 45 through 58		59 6,285,655 60
	60 61 62	Accounts payable and accrued expenses		61 62
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63 64a
Lia	b	Mortgages and other notes payable (attach schedule)		64b
	66	Total liabilities. Add lines 60 through 65		66
ances	Orga 67 68	anizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74. Unrestricted		67 68
nd Bal	69	Permanently restricted		69
s or Fu	70	complete lines 70 through 74. Capital stock, trust principal, or current funds		70 71
Net Assets or Fund Balances	71 72 73	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines		72 6,285,655
Se N	74	70 through 72; column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets/fund balances. Add lines 66 and 73.		73 6,285,655 74 6,285,655

Pai	rt IV-A Reconciliation of Revenue per Au instructions.)	udited	d Fin	nancial Stat	teme	ents	With Rev	enue pe	er Ret	urn (See th	ne
а	Total revenue, gains, and other support per aud	dited	finar	cial stateme	ents				а			N/A
b	Amounts included on line a but not on Part I, li					•						
1	Net unrealized gains on investments					b1						
2	Donated services and use of facilities					b2						
3	Recoveries of prior year grants				- 1	b3						
4	Other (specify):											
•						b4			2.5			
	Add lines b1 through b4								b			
С	Subtract line b from line a								С			
d	Amounts included on Part I, line 12, but not on	line a	a:									
1	Investment expenses not included on Part I, lin				L	d1						
2	Other (specify):											
						d2						
	Add lines d1 and d2								d			
е	Total revenue (Part I, line 12). Add lines c and	<u>d .</u>						<u> ▶</u>	<u> </u>			
Pai	rt IV-B Reconciliation of Expenses per A								1 1	eturn	<u> </u>	NI/A
а	Total expenses and losses per audited financia			nts					a			N/A
b	Amounts included on line a but not on Part I, li				,							
1	Donated services and use of facilities					b1			- 100			
2	Prior year adjustments reported on Part I, line 2				• -	b2						
3	Losses reported on Part I, line 20				٠, ٢	b3			-			
4	Other (specify):					b4						
									b			
	Add lines b1 through b4					• •			C			
С	Subtract line b from line a				•	• •						
d	Amounts included on Part I, line 17, but not on				1	d1			E HE			
1	Investment expenses not included on Part I, lin				· -	<u> </u>			-			
2	(-1 3,					d2						
	Add lines d1 and d2								d			
ė	Add lines d1 and d2	d d			:				е			· · · · · · · · · · · · · · · · · · ·
Pai	rt V-A Current Officers, Directors, Truste or key employee at any time during the	es, a	nd K	ey Employ	ees ((List e	each persor	n who wa	as an o structi	fficer, ons.)	direct	or, trustee,
	(A) Name and address	Tit	le and	(B) d average hours levoted to positi	per	(C) Co (If not	mpensation paid, enter	(D) Contribute benefit place	tions to er ans & defe nsation pla	nployee erred ns	(E) Expand oth	ense account er allowances
See	Attachment											
				-								
											<u> </u>	
		_										
											-	
		+									 	
					+						 	
	***************************************							1				

	t V-A Current Officers, Directors, Trustees				Yes No	
75a	Enter the total number of officers, directors, and tru			n business at board 7		
modings						
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent						
contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business						
	relationships? If "Yes," attach a statement that ide				75b ✓	
С	Do any officers, directors, trustees, or key employ	ees listed in Form 990), Part V-A, or hig	phest compensated	70 FG 11 20 11	
	employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or II-B, re	nest compensated p ceive compensation fr	rolessional and rom any other org	anizations, whether	in the second	
	tax exempt or taxable, that are related to this organ	nization through comn	non supervision o	r common control?	75c ✓	
	Note. Related organizations include section 509(a					
	If "Yes," attach a statement that identifies thorganization and the other organization(s),	and describes t	he compensati	on arrangements,		
	including amounts paid to each individual by	each related orga	nization.			
	Does the organization have a written conflict of in tV-B Former Officers, Directors, Trustees, and	terest policy?		ocation or Other Bane	75d ✓	
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re- person below and enter the amount of comp	ceived compensation of	r other benefits (de	escribed below) during	the year, list that	
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other	
N1/A	(V) realist and		, , ,	compensation plans	allowances	
N/A						
					<u> </u>	
					Yee No	
Par	t VI Other Information (See the instruction		11- ID00 If (V/	y attack a databled	Yes No	
76	Did the organization engage in any activity not p description of each activity	reviously reported to		, aπach a detailed	76 ✓	
77	Were any changes made in the organizing or gov			the IRS?	77	
	If "Yes," attach a conformed copy of the changes					
78a	Did the organization have unrelated business grothis return?		or more during t	he year covered by	78a _√	
b	If "Yes," has it filed a tax return on Form 990-T f				78b	
79	Was there a liquidation, dissolution, termination, o			ear? If "Yes," attach	79 ✓	
	a statement			· · · · · · · · ·		
80a	Is the organization related (other than by associa common membership, governing bodies, truste	lion with a statewide ees. officers. etc to	ornationwide of any other exe	mpt or nonexempt		
	organization?				80a ✓	
b	If "Yes," enter the name of the organization ▶	الا من عالم عادد والمراع عام المراع	io Davamet	nonavamat		
81a	Enter direct and indirect political expenditures. (S	and check whether it see line 81 instructions	t is □ exempt on s.) [81a]	or □ nonexempt N/A		
b	Did the organization file Form 1120-POL for this	year?			81b ✓	

	(See instructions in Part III.)	4	1		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	•		
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	P. 17 T. 1		
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	[TETTS 14]		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization				
	received a waiver for proxy tax owed for the prior year.				
C	Dues, assessments, and similar amounts from members	-			
d	Country 102(a) 1020 yillig all a political or political or				
6	7.99.094.0 Horizonalio amionini or cociloni coccio/(1/(-1/-1/-1/-1/-1/-1/-1/-1/-1/-1/-1/-1/-1/-				
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		HERMENCH:	
9		100			
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the				
	following tax year?	85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on			4.3	
	line 12				
b	Gross receipts, included on line 12, for public use of club facilities 86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or				
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2				
	and 301.7701-3? If "Yes," complete Part IX	88		*	
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911 ▶				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		✓	
G	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year				
•	under sections 4912, 4955, and 4958			0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0	
	List the states with which a copy of this return is filed None				
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)				
91a	The books are in care of ► W. David Edwards Located at ► One West Fourth Street, Suite 1200, Winston-Salem Telephone no. ► (336)7 ZIP + 4 ► 27101		48		
b	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		Yes	No	
	account)?	91b			
	If "Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		✓_	
	If "Yes," enter the name of the foreign country ▶				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		۱ ,	▶ □	
		Form	990	(2005)	

Part \	VII	Analysis of Income-Producing	Activities (See	the i	instructions	.)			
Note: E	Ξnt	er gross amounts unless otherwise	Unrelated	busin	ess income	Excluded	by section	on 512, 513, or 514	(E)
indicate	ed.		(A) Business code		(B) Amount	(C) Exclusion	code	(D) Amount	Related or exempt function income
	Pro	ogram service revenue:		+-					111001110
a b	_			+		<u> </u>			
-				+-	:				
C d				+					
e				+-					
_	Me	edicare/Medicaid payments		+	,			·-····································	
		es and contracts from government agenci	i .	_					
_		embership dues and assessments	l l	1					
		erest on savings and temporary cash investme	l l			14		173,295	
		vidends and interest from securities	i						
		t rental income or (loss) from real estate:							
		bt-financed property	l l						
		t debt-financed property	ſ					·	
		rental income or (loss) from personal proper							
		ner investment income	i						
100	Gai	n or (loss) from sales of assets other than invent	ory			ļ			
101	Ne	t income or (loss) from special events .		_					
102	Gr	oss profit or (loss) from sales of inventory	<i>,</i>	_					
103	Otl	her revenue: a							
b				-		ļ			
C		<u></u>		+					
d .		<u></u>	—	+	•				
е.	_						7777	472 205	
104	Su	btotal (add columns (B), (D), and (E))						173,295	173,295
105 Note: /	101 Lin	tal (add line 104, columns (B), (D), and (E e 105 plus line 1d, Part I, should equal th	=)) .	12	 Part I				173,293
Part \						neas (S	op the	instructions)	
Line N		Explain how each activity for which inco							accomplishment
₩	10,	of the organization's exempt purposes (iportaintly to the	accomplishment
		N/A		-					
									,
Part I	X	Information Regarding Taxable Su	ibsidiaries and D	isreç	arded Entit	i es (See	the in	structions.)	
1	Nar	me, address, and EIN of corporation,	(B) Percentage of		(C)			(D)	(E) End-of-year
		partnership, or disregarded entity	ownership interest		Nature of ac	tivities		Total income	assets
N/A			%		·				
			%				•		
			%						<u> </u>
		Lefe-weiter Describer Transfer A	<u>%</u>		15				
Part >	X	Information Regarding Transfers As	sociated with Per	sona	i Benefit Coi	ntracts (see th	e instructions.)	
		the organization, during the year, receive any funds							☐ Yes ☑ No
(b)	DIO • #	I the organization, during the year, pay prif "Yes" to (b), file Form 8870 and Form	remiums, directly	or in	directly, on a	persona	ıl ben	efit contract?	☐ Yes ☑ No
Note	- //	Under penalties of perjury, I declare that I have exam				hadulas an	d state	monte, and to the b	ant of my knowledge
		and belief, it is true, correct, and complete. Declara	ation of preparer (other	than	officer) is based	on all info	rmation	of which preparer	has any knowledge.
Please	•	k					1		
Sign		Signature of officer					Da	te	
Here		W. David Edwards, Secretary/Trea	surer & Director					•	
		Type or print name and title.			 				
N = 1 st	寸	Preparer's			Date	Check if		Preparer's SSN or	PTIN (See Gen. Inst. W)
Paid	,	signature				self- employed	. ▶ □		
Preparer		Firm's name (or yours				1	EIN	 	· · · · · · · · · · · · · · · · · · ·
Jse Only		if self-employed), address, and ZIP + 4			···		Phone r	no. ► ()	

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. ATTACHMENT TO FORM 990

FORM 990, PART V-A Current Officers, Directors, Trustees and Key Employees

(A) Name and address	(B) Title and average hours per week	(C) Compensation	(D) Contributions to Employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Arch T. Allen, III Allen & Moore, LLP 3700 Computer Drive Suite 320 P.O. Box 18627 Raleigh, NC 27619-8627	Director (1 hour/week)	-0-	-0-	-0-
G. Eugene Boyce Boyce & Isley, PLLC Lawyers Weekly Building Suite 100 107 Fayetteville Street Mall P.O. Box 1990 Raleigh, NC 27602-1990	Director Chair of Board (2 hours/week)	-0	-0-	-0-
Judge Wanda G. Bryant North Carolina Court of Appeals 1 West Morgan Street Raleigh, NC 27601	Director (1 hours/week)	-0-	-0-	-0-
W. David Edwards Womble Carlyle Sandridge & Rice, PLLC One West Fourth Street Winston-Salem, NC 27101	Director Secretary Treasurer (2 hours/week)	-0-	-0-	-0-
Judge Donald L. Smith North Carolina Court of Appeals, Retired 445 Van Thomas Drive Raleigh, NC 27615	Director (1 hour/week)	-0-	-0-	-0-
Keith W. Vaughan Womble Carlyle Sandridge & Rice, PLLC One West Fourth Street Winston-Salem, NC 27101	Director Vice Chair of Board (1 hour/week)	-0-	-0-	-0-
C. Colon Willoughby, Jr. Wake County District Attorney 3 rd Floor, Wake County Courthouse P.O. Box 31 Raleigh, NC 27602-0031	Director (1 hour/week)	-0-	-0-	-0-

FORM 990, PART V-A, 75b

Director/Vice President Keith W. Vaughan and Director/Secretary/Treasurer W. David Edwards are Members of the law firm Womble Carlyle Sandridge & Rice, PLLC. Mr. Vaughan was appointed to the Scholarship Fund by the Honorable Howard E. Manning, Jr., North Carolina Superior Court Judge. Mr. Edwards represents the Duke University School of Law on the Board. Mr. Vaughan and Mr. Edwards, along with Director/President G. Eugene Boyce, represented the plaintiff class members in the class action from which the Scholarship Fund received its initial endowment.

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

2005

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Smith/Sha	ver Law School Scholarship Fund, Ir	nc.		20 2749954	
Part I	Compensation of the Five High (See page 1 of the instructions. I			Vone.")	
(a) Name a	and address of each employee pald more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None					
Total number	of other employees paid over \$50,000 .	-0-	garage and confidence		
	Compensation of the Five High	est Paid Independent C	ontractors for	Professional Se	rvices
	(See page 2 of the instructions. Lis-				
(a) Na	ame and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		of service	(c) Compensation
None			(4)		
	r of others receiving over \$50,000 for services	-0-			
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	rofessional serv		lividuals or
(a) Na	ame and address of each independent contractor			of service	(c) Compensation
None		Para	(47.1)		(c)
	r of other contractors receiving over other services	-0-			

Pane	- 2

Part III		Statements About Activities (See page 2 of the instructions.)						
1	atte or i	ng the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid accurred in connection with the lobbying activities Wi-A, or line i of Part VI-B.)		√				
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Corganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description the lobbying activities.							
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)							
а	Sal	le, exchange, or leasing of property?		\				
b		nding of money or other extension of credit?		✓				
C		rnishing of goods, services, or facilities?		✓				
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓				
e		insfer of any part of its income or assets?		✓				
За	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how a determine that recipients qualify to receive payments.)	✓					
b		you have a section 403(b) annuity plan for your employees?		√				
C	Dui	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓_				
	the	l you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?		✓				
<u>b</u>	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b							
Par	t I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)						
The i	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)						
5	Π	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).						
6	\Box	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)						
7	\exists	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8	\Box	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state ▶	name	, city,				
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170 (Also complete the Support Schedule in Part IV-A.))(b)(1)	(A)(iv).				
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general pub 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	lic. Se	ection				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)						
12		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and groups and groups are supported in the contributions of the contribution of the contribut	ss red	eipts				
		from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/2% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its su ired b	pport by the				
13								
		Provide the following information about the supported organizations. (See page 6 of the instructions.)						
		(a) Name(s) of supported organization(s) (b) Line numb from above						
		See Attachment						
14	П	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)	·					

Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.).					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	ļ				
24	Line 23 minus line 17					Constants
25	Enter 1% of line 23	<u> </u>				and the second
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colu	ımn (e), line 24 .	▶ 268	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organizations.	zation) whose tota	al gifts for 2001	through 2004 exce	eeded the	
_	amount shown in line 26a. Do not file this list w	-				
	Total support for section 509(a)(1) test: Enter li					
u	Add: Amounts from column (e) for lines: 18				▶ 260	1
_	Public support (line 26c minus line 26d total)					
e f	Public support percentage (line 26e (numera		ine 26c (denor	ninator))		
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and e sum of such ar	ded in lines 15, total amounts r nounts for each	16, and 17 that veceived in each year:	were received fr ar from, each "di	om a "disqualified squalified person."
b	(2004)	ved from each per year, that was mo 5 through 11b, as we the larger amoun	son (other than re than the large well as individual t described in (1	"disqualified person or of (1) the amount is.) Do not file this I I) or (2), enter the s	ns"), prepare a list on line 25 for the ist with your retu sum of these diffe	for your records to year or (2) \$5,000. Irn. After computing erences (the excess
	,		, , ,		, ,	
C	Add: Amounts from column (e) for lines: 15				▶ 270	
d						
е	Public support (line 27c total minus line 27d to	otal)			▶ 276	
f	Total support for section 509(a)(2) test: Enter a					
g	Public support percentage (line 27e (numera					
h	Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization described prepare a list for your records to show, for ear description of the nature of the grant. Do not	ch year, the nam	e of the contrib	outor, the date and	d amount of the	grant, and a brie

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	
33	Does the organization discriminate by race in any way with respect to:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a
b	Has the organization's right to such aid ever been revoked or suspended?	34b
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35

Pai	t VI-A Lobbying Expenditures by El (To be completed ONLY by an								
Chec	k ▶ a ☐ if the organization belongs to an affilia				and "limited control	provisions apply.			
	Limits on Lobbyi	-			(a) Affiliated group totals	(b) To be completed for ALL electing organizations			
	Total lobbying expenditures to influence public	· · · · · · · · · · · · · · · · · · ·		36					
36 37	Total lobbying expenditures to influence a legis								
38	Total lobbying expenditures (add lines 36 and	= :							
39	Other exempt purpose expenditures								
40	Total exempt purpose expenditures (add lines								
41	Lobbying nontaxable amount. Enter the amour					erii (1885) (1885)			
	If the amount on line 40 is—								
	Not over \$500,000 20%								
		000 plus 15% of t				1.41.4 (1.11.1 Text)			
	Over \$1,000,000 but not over \$1,500,000 . \$175,0			\$35,000 mag					
		000 plus 5% of the			t in make Eller it.				
		0,000				Branch Revision Co.			
42	Grassroots nontaxable amount (enter 25% of I								
43 44	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38. Enter -0- if line 4								
44	Subtract line 41 from line 30. Enter -0- if line 4	i is more mair ii	10 00	• • •					
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	20.					
	(Some organizations that made a section	eraging Period on 501(h) election	do not have to c	omplete all of t	he five columns b	elow.			
	See the instructions f	or lines 45 throug	h 50 on page 11	of the instructi	ons.)				
		Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or	(a)	(b)	(c)	(d)	(e)			
	fiscal year beginning in) ▶	2005	2004	2003	2002	Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))	Andrew Company							
47	Total lobbying expenditures				-				
48	Grassroots nontaxable amount			201	V				
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								
Pai	t VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A) (Se	e page 11 of th	e instructions.)			
	ng the year, did the organization attempt to influ				any Yes No	Amount			
atter	npt to influence public opinion on a legislative n	natter or referend	um, through the	use of:	 	CONTRACTOR OF THE			
а					🗸				
b	Paid staff or management (Include compensati	•	•	c through h.).	· · /	(Samuranyan 1945)			
C	Media advertisements								
d Mailings to members, legislators, or the public									
e	Grants to other organizations for lobbying purp				1				
f	Direct contact with legislators, their staffs, gov				1				
g h	Rallies, demonstrations, seminars, conventions								
ï	Total lobbying expenditures (Add lines c through	gh h.)			arte Cart	0			
	If "Yes" to any of the above, also attach a stat	ement aivina a d	etailed descriptio	n of the lobbyir	g activities.				

Par	t VI	Information Exempt Or	n Regarding Ti ganizations (Se	ransfers To and Transace page 12 of the instruction	ctions and Relationships V ns.)	Vith Non	chari	table	
51	Did 501	id the reporting organization directly or indirectly engage in any of the following with any other organization described in sol(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							
а		• •		to a noncharitable exempt orga			Yes	No	
a				to a nonchamatic oxompt orga		51a(i)		✓	
	.,	Other assets	i a(ii)						
b		er transactions:						1	
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organizat	ion	. b(i)			
	• •	_		itable exempt organization		. b(ii)		√	
	(iii)	Rental of facilities	, equipment, or oth	ner assets		b(iii)		1	
	(iv)	Reimbursement a	rrangements			. <u>b(iv)</u>		1	
				. .		. b(v)	+	1	
				ship or fundraising solicitations		. b(vi)	+	1	
					yees		<u> </u>	-645-	
d	goo	ds. other assets. o	r services given by	the reporting organization. If the	. Column (b) should always show the ne organization received less than is, other assets, or services received:	fair market	value value	of the	
(6	a)	(b)		(c)	(d)				
Line		Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, a	and sharing ar	rrangem	ents	
N	Ά	· · · · · · · · · · · · · · · · · · ·							
			· · · · · · · · · · · · · · · · · · ·						
	des	he organization dir cribed in section 50 es," complete the	01(c) of the Code (d	other than section 501(c)(3)) or i	le or more tax-exempt organization section 527?	ns ▶ 🗆 Ye	es V	∐ No	
		(a)		(b)	(c)				
		Name of organiz	ation	Type of organization	Description of relati	ionsnip		_	
Nor	<u>ie</u>						_		
		- 17							
									
	_								
									

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. ATTACHMENT TO FORM 990, SCHEDULE A

FORM 990, SCHEDULE A, PART III, 3a Statements About Activities-Scholarship Award Process

Smith/Shaver Scholarships awards are open to all North Carolina residents who attend or will attend one of five specified law schools located in North Carolina: the law schools at Campbell University, Duke University, North Carolina Central University, University of North Carolina at Chapel Hill, and Wake Forest University. Scholarships are full tuition or partial tuition and generally range between \$5,000 and \$20,000 per year. Scholarships are extended to students who have been accepted at one of the specified law schools and are automatically renewable for the second and third years of law school provided the recipient remains in good standing with his or her law school.

Scholarships are awarded to students entering one of the specified law schools and are specific to that law school. Awards are based primarily on need.

Currently, a student accepted at one of the specified law schools and who requests financial assistance is eligible provided that student is a North Carolina resident. The Smith/Shaver Law School Scholarship Fund works with the Admissions Office of the law schools and offers scholarships based on recommendations made by a law school with respect to applicants accepted by that law school.

There are no restrictions or limitations based upon race or the employment status of the prospective recipient or any relative of the prospective recipient. Scholarships awards are not based on the employment status of the applicant or any relative of the applicant.

FORM 990, SCHEDULE A, PART IV, 13 Reasons for Non-Private Foundation Status-Supported Organizations

(a) Name(s) of Supported Organizations	(b) Line number from above
Campbell University, Incorporated Buies Creek, North Carolina	6
Duke University Durham, North Carolina	6
North Carolina Central University Durham, North Carolina	6
University of North Carolina at Chapel Hill Chapel Hill, North Carolina	6
Wake Forest University Winston-Salem, North Carolina	6

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Employer identification number

Smith/Shaver Law Scho	ool Scholarship Fund, Inc.	20 2749954
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a privat	e foundation
	☐ 527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	☐ 4947(a)(1) nonexempt charitable trust treated as a private for	undation
	☐ 501(c)(3) taxable private foundation	
Check if your organization organization can check b	n is covered by the General Rule or a Special Rule. (Note: <i>Only a second solution</i> (Special Rule—see <i>instructions</i> .)	ection 501(c)(7), (8), or (10)
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, \prime one contributor. (Complete Parts I and II.)	000 or more (in money or
Special Rules—		
sections 1.509(a)-	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3/3/1.170A-9(e) and received from any one contributor, during the year, he amount on line 1 of these forms. (Complete Parts I and II.)	
during the year, as	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that reggregate contributions or bequests of more than \$1,000 for use exclusion or educational purposes, or the prevention of cruelty to children or an	sively for religious, charitable,
during the year, so not aggregate to r the year for an ex- applies to this org	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recome contributions for use exclusively for religious, charitable, etc., pur more than \$1,000. (If this box is checked, enter here the total contribuclusively religious, charitable, etc., purpose. Do not complete any of the anization because it received nonexclusively religious, charitable, etc.	poses, but these contributions did utions that were received during he Parts unless the General Rule , contributions of \$5,000 or more
990-EZ, or 990-PF), but i	nat are not covered by the General Rule and/or the Special Rules do r they must check the box in the heading of their Form 990, Form 990- ey do not meet the filing requirements of Schedule B (Form 990, 990-	EZ, or on line 2 of their Form

Employer identification number 20 : 2749954

Smith/Sh	naver Law School Scholarship Fund, Inc.		20 2749954
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Funds contributed pursuant to Order of the Honorable Howard E. Manning, Jr., North Carolina Superior Court Judge. See attached.	\$6,112,947	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SMITH/SHAVER LAW SCHOOL SCHOLARSHIP FUND, INC. ATTACHMENT TO FORM 990, SCHEDULE B

FORM 990, SCHEDULE B, PART I, No. 1

The Smith/Shaver Law School Scholarship Fund, Inc. was established pursuant to the Order of the Honorable Howard E. Manning, Jr., North Carolina Superior Court Judge, by a grant from the Settlement Fund created in the consolidated class action <u>Donald L. Smith</u>, et al. v. State of North Carolina and <u>Manila G. Shaver v. State of North Carolina</u>. Judge Manning directed Class Counsel to establish the Smith/Shaver Law School Scholarship Fund with an initial endowment of \$6 million, subsequently supplemented by the Court shortly before the incorporation of the Scholarship Fund in February 2005.