Return of Organization Exempt From Income Tax

OMB No 1545-0047 **2005**

ent 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)

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2005 calendar year, or tax year beginning , 2005, and ending B Check if applicable D Employer identification number 20:2749954 Address change E Telephone number I W DAVID EDW 29 IB 200512 03 17 3 0000 SMITH SHAVER LAW SCHOOL SCHOLARSHIP 1 W 4TH ST STE 12 Name change (336)721-3548 / Initial return Final return WINSTON SALEM NC 27101-3806 Other (specify) Amended return \ H and I are not applicable to section 527 organizations Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► N/A H(c) Are all affiliates included? Yes No J Organization type (check only one) ► \$\overline{\mathcal{U}}\$ 501(c) (3) \(\infty\) (insert no.) \$\overline{\mathcal{U}}\$ 4947(a)(1) or \$\overline{\mathcal{U}}\$ 527 (If "No," attach a list. See instructions) H(d) Is this a separate return filed by an K Check here ▶ ☐ If the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling?

Yes

No organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return, Group Exemption Number ▶ M Check ▶ ☐ If the organization is not required Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,286,242 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 6,112,947 Direct public support . . . 1a 1b **b** Indirect public support , , , , c Government contributions (grants) Total (add lines 1a through 1c) (cash \$ _ 1d 6,112,947 _ noncash \$ Program service revenue including government fees and contracts (from Part VII, line 93) 2 Membership dues and assessments 3 4 173,295 Interest on savings and temporary cash investments Dividends and interest from securities 5 6a Gross rents 6c ·AUG- 2. 1. 2006 7 (A) Securi 8a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) . . . d Net gain or (loss) (combine line 8c, columns (A) and (B)) **8**d Special events and activities (attach schedule) If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ _ contributions reported on line 1a) 9b **b** Less: direct expenses other than fundraising expenses 9<u>c</u> c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances . . . 10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103) . 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 6,286,242 13 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 14 587

Other changes in net assets or fund balances (attach explanation),

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Excess or (deficit) for the year (subtract line 17 from line 12)

Net assets or fund balances at beginning of year (from line 73, column (A)).

Fundraising (from line 44, column (D))

Total expenses (add lines 16 and 44, column (A))

Payments to affiliates (attach schedule) . . .

15

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6,285,655

587

Par	Statement of Functional Expenses	organizations and se	ection 49	lete column (A). Colu 147(a)(1) nonexempt	ımns (B), (C), and charitable trusts b	(D) are required for sec ut optional for others (tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts report 6b, 8b, 9b, 10b, or 16 of F	ed on line Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach s (cash \$ noncash \$ f this amount includes foreign grants,	chedule) , ,	22				
23	Specific assistance to individual schedule)		23				
24	Benefits paid to or for men schedule)	` 1	24				
25	Compensation of officers, direct	tors, etc.	25				
26	Other salaries and wages		26				
27	Pension plan contributions .	1	27				
28	Other employee benefits		28				
29	Payroll taxes		29				
30	Professional fundraising fees .		30				
31	Accounting fees		31			1	
32	Legal fees		32			†	
33	Supplies	4	33			<u> </u>	
34	Telephone		34		·	1	****
35	Postage and shipping		35			 	
36	Occupancy	1	36			 	
37	Equipment rental and maintena	i	37		······································		
38	Printing and publications		38			 	
39	Travel		39				
35 40	Conferences, conventions, and		40				
40 41	Interest	1	41		······································		
42	Depreciation, depletion, etc. (att		42				
43 a	Other expenses not covered ab Form 1023 Fee	ove (itemize):	43a	500		500	
b	North Carolina incorporation	ee	43b	60		60	
c	Corporate Seal		43c	27		27	
d			43d				
-			43e				
f			43f				
g		1	43g				
44	Total functional expenses. A through 43. (Organizations columns (B)-(D), carry these to 13-15)	Add lines 22 completing otals to lines	44	587		587	
loi-	it Costs. Check ▶ ☐ if you are					307	
Are a	any joint costs from a combined educ	ational campaign a	and fund				
	es," enter (i) the aggregate amount of		3				5;
tan n	he amount allocated to Managemen	and general \$; and (IV) the	amount allocated	d to Fundraising \$	
							Form 990 (2005)

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Page	•

David III E	Ctatament of Dra	Samuel Commission Asse	tioh	(Con the instructions)
	Statement of Pro	Juraini Service Acc	ompasimients	(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.

•	,	
	nat is the organization's primary exempt purpose? Grant Scholarships to Attend Law School	Program Service Expenses
of (organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for
	panizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	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 ▶ □	
C		
	.,	
	(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 ▶ □	
1	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	0

Form **990** (2005)

P	art IV	, Balance Sheets (See the instructions.)			
	Note:	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	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments		46	6,285,655
	l				
	47a	Accounts receivable			
	1	Less: allowance for doubtful accounts . 47b		47c	
				-	
	48a	Pledges receivable			
	Ь	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
	}	(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
ş	1	schedule)			
Assets	ь	Less: allowance for doubtful accounts . 51b		51c	
4	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) D Cost D FMV		54	
	55a	Investments—land, buildings, and			
	ļ	equipment: basis		:-	
	b	Less: accumulated depreciation (attach		1	
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
	ь	Less: accumulated depreciation (attach		1	
		schedule)		57c	
	58	Other assets (describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58		59	6,285,655
	60	Accounts payable and accrued expenses		60	· · · · · · · · · · · · · · · · · · ·
	61	Grants payable		61	
	62	Deferred revenue		62	
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach		سنعد	
Ĭ		schedule)		63	7.1.
ia i		Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
		T-A-1 E-Little Add base CO through CC			
	Ī	Total liabilities. Add lines 60 through 65	· · · · · · · · · · · · · · · · · · ·	66	
	Orga	nizations that follow SFAS 117, check here ▶ ☐ and complete lines		,t.	
es:		67 through 69 and lines 73 and 74.			
2	67	Unrestricted		67	
ala	68	Temporarily restricted		68	
8	69	Permanently restricted	······································	69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ ☑ and		,	
	7.	complete lines 70 through 74.		1	
s or	70	Capital stock, trust principal, or current funds.		70	····
Net Assets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	6 005 055
Ass	72	Retained earnings, endowment, accumulated income, or other funds		72	6,285,655
ĕ	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72;			
Z		column (A) must equal line 19; column (B) must equal line 21)		73	6,285,655
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		73	6,285,655
				171	Form 990 (2005)
					1 01111 44 (2000)

Pai	t IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue per Retur	n (See the
a	Total rev	venue, gains, and other support per audito	ed financial statements		а	N/A
b		s included on line a but not on Part I, line				
1		palized gains on investments		b1	'	
2		services and use of facilities		b2		
3		ies of prior year grants		b3	. 1	
4		pecify):				
7	•			b4	,	
		s b1 through b4			ь	
c .					С	
d .		s included on Part I, line 12, but not on lin				
1		ent expenses not included on Part I, line to		d1	1. 4	
2		pecify):		•		
2	Other (5	pecity).		d2	1	
	Add line			L	d	
e						
Pai	rt IV-B	venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Auc	lited Financial Stater	nents With Ex	penses per Reti	ırn
а		penses and losses per audited financial s			a	N/A
b		s included on line a but not on Part I, line			1	
1		services and use of facilities		b1	. 55	
2		ar adjustments reported on Part I, line 20		b2		
3	Losses	reported on Part I, line 20		b3	`, ·	
4	Other (s	pecify):				
		.,		b4		
	Add line	s b1 through b4			b	
C	Subtract	t line b from line a			<u>C</u>	
d	Amount	s included on Part I, line 17, but not on lir	ne a:		-	
1	Investm	ent expenses not included on Part I, line (6b	d1		
2	Other (s	pecify):			1 1	
		.,		d2		
	Add line	s d1 and d2	,		d	
е		penses (Part I, line 17). Add lines c and				
Pai	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List each perso	n who was an office	er, director, trustee,
		or key employee at any time during the year				
		(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter	benefit plans & deferred compensation plans	and other allowances
800	Attachm	ont.	week devoted to position		Compensation plans	
See	Auachir	ent		ļ		
						
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	Yes	No
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y (**	any fear, lis	t that
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(E)	Expen	se other
all	owanc	es
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	Yes	No
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6		√
7		<u></u>
	٠,٠,٠	[: ,:

Part V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
5a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings						
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 identifies the individuals and explains the relationship(s)						 1
c Do any officers, directors, trustees, or key employees listed in Schedule A, Part I, or high	hest compensated p	rofessional and	other independent			
contractors listed in Schedule A, Part II-A or II-B, r tax exempt or taxable, that are related to this orga	eceive compensation t inization through comn	rom any other org non supervision o	anizations, whether r common control?	75c		√
Note. Related organizations include section 509(a)(3) supporting organ	izations.			-	
If "Yes," attach a statement that identifies to organization and the other organization(s) including amounts paid to each individual between the control of	, and describes t y each related orga	the compensati nization.	on arrangements,			, ;
d Does the organization have a written conflict of i	nterest policy?			75d	<u> </u>	
Part V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comparison.	eceived compensation of	r other benefits (de	escribed below) during	the ye	ear, lis	
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and owance	other
N/A	-					
	•					
	-					
	-					
	•					
	•					
	-					
	-		•			
Part VI Other Information (See the instruction	ns.)	,			Yes	No
76 Did the organization engage in any activity not				76		الإنتا
description of each activity				77		7
If "Yes," attach a conformed copy of the change					٠,٠,٠	
78a Did the organization have unrelated business graths return?				78a		1
b If "Yes," has it filed a tax return on Form 990-T	•			78b	- -	,
79 Was there a liquidation, dissolution, termination, a statement				79		7
80a Is the organization related (other than by associ common membership, governing bodies, trust	ees, officers, etc., to	any other exe	mpt or nonexempt	80a	، څن	
organization?					, .	
81a Enter direct and indirect political expenditures. (6 b Did the organization file Form 1120-POL for this	See line 81 instructions	s.) 81a	N/A	11	,- ,-	
b Did the organization life Form 1120-FOL for this	year,	<u> </u>	· · · · · · · ·	81b Form	990	(2005)

Form 990 (2005)

Form	990 (2005)			F	age 7
Par	t VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or at substantially less than fair rental value?	or facilities at no charge	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this		2	4	- 4.7
_	amount as revenue in Part I or as an expense in Part II.		35.74		الملاقة
		82b	920	1	
	Did the organization comply with the public inspection requirements for returns and		83a	-,-	
	Did the organization comply with the disclosure requirements relating to quid pro		83b 84a		1
	Did the organization solicit any contributions or gifts that were not tax deductible		200	<i>3</i> √2.	7-8-1
b	If "Yes," did the organization include with every solicitation an express statement to gifts were not tax deductible?		84b		لته وتتعبد
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by		85a		—
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	1250.1	1252778
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h belo	w unless the organization		1.4.	13.7
	received a waiver for proxy tax owed for the prior year.			1	
	Dues, assessments, and similar amounts from members	85c	345		1
	Section 162(e) lobbying and political expenditures	85d	7.	3.25	37
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		155	
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f_	3.413	127	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line	85f?	85g	 	├
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to act to its reasonable estimate of dues allocable to nondeductible lobbying and polifollowing tax year?	Id the amount on line 85f tical expenditures for the	85h	ماديوع	***
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on	100 1	1		
	line 12	86a	100	35	
b	Gross receipts, included on line 12, for public use of club facilities	86b			1.00
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		1	1
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Regula and 301.7701-3? If "Yes," complete Part IX	tions sections 301.7701-2	88		1
8 9 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during section 4911 ▶	the year under: n 4955 ▶0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 eduring the year or did it become aware of an excess benefit transaction from a pastatement explaining each transaction	xcess benefit transaction rior year? If "Yes," attach	89b		1
	Enter: Amount of tax imposed on the organization managers or disqualified pe under sections 4912, 4955, and 4958	rsons during the year			0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization				0
90a	List the states with which a copy of this return is filed ▶ None				
	Number of employees employed in the pay period that includes March 1 instructions.)	906			
91a	The books are in care of ▶ W. David Edwards	elephone no. (336) 1P + 4 (27101	21-3 -3818	548 }	
b	At any time during the calendar year, did the organization have an interest in or a sover a financial account in a foreign country (such as a bank account, securities account)?	account, or other financial	91b	Yes	No ✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.	1, Report of Foreign Bank	7	7	#/:
	and Financial Accounts.	•	1		File
c	At any time during the calendar year, did the organization maintain an office outs if "Yes," enter the name of the foreign country	side of the United States?	91c	1	1 🗸
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 10	41—Check here			▶ □

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Part \	/II · Analysis of Income-Producing	Activities (See	the ins	tructions.)			
Note: E	inter gross amounts unless otherwise	Unrelated t	business	income	Excluded by	sectio	n 512, 513, or 514	(E)
indicate		(A) Business code	A	(B) mount	(C) Exclusion co	ebo	(D) Amount	Related or exempt function income
a						T		
b								
C.								
d.			<u> </u>					
е.						4.		
f	Medicare/Medicaid payments		_			_		
g	Fees and contracts from government agend	ies	┵			_		
94	Membership dues and assessments	.	—					
	Interest on savings and temporary cash investme				14	-	173,295	
	Dividends and interest from securities .	Sec. 33. 33. 35. 35.	S. 2545 V.	20 27 272 2	12 65 575	32.4		STATE VALUE STOP 12
	Net rental income or (loss) from real estate	1		(Western Land) in	Section 1	334	(1) 1 7 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Agent Association and
	debt-financed property	1				+		
	not debt-financed property	1				+		
	Net rental income or (loss) from personal prope	·	 			+		<u></u>
	Other investment income	1	-					
	Gain or (loss) from sales of assets other than inven Net income or (loss) from special events	iory				\dashv		
	Gross profit or (loss) from sales of inventor	:	+		 	\dashv		
	Other revenue: a	У	1			十		
ь .	other revenue. a	<u> </u>				_		·
c					l'''''			
d								
e								
104	Subtotal (add columns (B), (D), and (E))	SAME OF THE PARTY	S.	0	(1) 37 (1)	1	173,295	0
	Total (add line 104, columns (B), (D), and (>	173,295
	ine 105 plus line 1d, Part I, should equal							
Part V								
Line N	 Explain how each activity for which income of the organization's exempt purposes 	ome is reported in a lather than by produ	olumn (E	e) of Part VI	contribute	ed im	portantly to the	accomplishment
	N/A	tomes man by provid	Jing Turk	35 101 5001	purposes).			
	- INA			 -				
					-			
								
Part I	X Information Regarding Taxable S	ubsidiaries and D	isregar	ded Entit	ies (See ti	he in	structions)	
	(A)	(B)		(C)		Ï	(D)	(E) End-of-year
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	: 1	lature of ac	tivitles		Total income	End-of-year assets
N/A		%				T		400010
		%				T		
		%						
		%						
Part 2	Information Regarding Transfers As	ssociated with Per	sonal B	enefit Co	ntracts (Se	e the	e instructions.)	
(a)	Did the organization, during the year, receive any fund	s, directly or indirectly,	to pay pr	emiums on a	personal be	nefit d	contract?	☐ Yes ☑ No
	Did the organization, during the year, pay p							Yes V No
_Note	: If "Yes" to (b), file Form 8870 and Form	4720 (see instruct	ions).					
	Under penalties of perjury, I declare that I have eya and belief, it is true, correct, and conjulete. Declar	imined this return, includ	ding acco	mpanying sci	hedules and	staten	nents, and to the be	est of my knowledge
Please		ation of preparet touter	i tran om	Cery is Gaseu	OTI AN BILOTH		Of which prepare	nas any knowledge
Sign	W. Com Con						8/12/00)
Here	Signature of officer					Dat	te	
	W. David Edwards, Secretary/Tre	asurer & Director						
	Type or print name and title	- ;	12		Check 4		I a	07111 /0 0
Paid	Preparer's signature	4	0	ate	Check if self-	_	Preparer's SSN or	PTIN (See Gen Inst W)
Preparer	Firm's name (or yours				employed			····
Use Only	if self-employed),			·	Ell		} ;	
	address, and ZIP + 4					one r	10 ≯ ()	

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization Smith/Shaver Law School Scholarship Fund, Inc. 20:2749954 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours per week devoted to position account and other allowances (c) Compensation mployee benefit plans & than \$50,000 deferred compensation None Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 None Total number of others receiving over \$50,000 for -0-Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 None Total number of other contractors receiving over -0-\$50,000 for other services

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2005

Par	t	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	atte or ii Part	ing 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 neutred in connection with the lobbying activities * (Must equal amounts on line 38, VI-A, or line i of Part VI-B.)		1
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities.		
2 .	sub with own	stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the sactions.)		
а	Sale	e, exchange, or leasing of property?	а	1
b		ding of money or other extension of credit?	ь	1
c		nishing of goods, services, or facilities?	c	1
d		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	d l	1
e		nsfer of any part of its income or assets?	В	V
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	a 🗸	_
b	-	you have a section 403(b) annuity plan for your employees?	b	1
C		ing the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	c	✓
4a	Did the	you maintain any separate account for participating donors where donors have the right to provide advice on use or distribution of funds?		1
Ь	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?		_ ✓
ar	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		
he (orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)		
5	$\check{\Box}$	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V)		
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).		
8 9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital.	s nam	e, cil
0		and state ► An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1		 i)(A)(i
1a		(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general p	ublic. S	ectio
	_	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		
		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)		1
2	IJ	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	of its s	uppo
3	Ø	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 500 to	9(a)(2).	
		the box that describes the type of supporting organization:	e 3	
		(a) Name(s) of supported organization(s) (b) Line number of the supported organization (s)		
		See Attachment		
		-		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions	s.)	

	t IV-A Support Schedule (Complete onle); You may use the worksheet in the instructions					
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do	† · · · · · · · · · · · · · · · · · · ·				1
	not include unusual grants. See line 28.).				1	
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 chantable, 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			1	ļ	
	include gain or (loss) from sale of capital assets	ļ				
23	Total of lines 15 through 22					
24	Line 23 minus line 17				ļ	1.53
25_	Enter 1% of line 23	<u> </u>		<u> </u>	l	Salar Salar
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24 .	▶ <u>26</u>	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organi amount shown in line 26a. Do not file this list w	zation) whose tota	al gifts for 2001 th	rough 2004 exce	eded the	
_	Total support for section 509(a)(1) test: Enter i					
d	Add: Amounts from column (e) for lines: 18					w
u					ļ	l l
е	Public support (line 26c minus line 26d total)					
f	Public support percentage (line 26e (numero					1 %
27 b	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 (2004)	the name of, and le sum of such an lived from each per year, that was mo 5 through 11b, as v	total amounts renounts for each y (2002)son (other than "cre than the larger yell as individuals.	ceived in each ye year: disqualified person of (1) the amount on the bount of this lies this lies are the second of the second	ar from, each "d (2001) s"), prepare a lis on line 25 for the ist with your reti	t for your records to be year or (2) \$5,000 um. After computing
	the difference between the amount received and amounts) for each year: (2004) (2003)	_				
C	Add: Amounts from column (e) for lines: 15		16 21		27	c
d	Add: Line 27a total,	and line 27b tota				d
e	Public support (line 27c total minus line 27d to					
f	Total support for section 509(a)(2) test: Enter a	amount from line	23. column (e)	. ▶ 271		مند قبد لند
g	Public support percentage (line 27e (numer	ator) divided by I	ine 27f (denomi	nator))	> 27	1
h	Investment income percentage (line 18, col					h %
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	ach year, the nam	e of the contribu	itor, the date and	amount of the	grant, and a brief

Par	(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?	29	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		. 1
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	· 1.	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		*	4. 1
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? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
d	with student admissions, programs, and scholarships?	32c 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:			
a	Students' nghts or privileges?	33a 33b		
D D	Admissions policies?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f 33g		
h	Other extracurricular activities?	33h	3 50	1179
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	100 (100 (100m)) 100 (100m)		意名
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		r,
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	نسد	. ř. ř.

Par	t VI-A Lobbying Expenditures by E (To be completed ONLY by ar					instruction	ns.)	
Chec	k ▶ a ☐ if the organization belongs to an affile	ated group Che	ck▶ b 🗌 if	you checked	a" ar	nd "limited co	ntrol"	provisions apply.
	Limits on Lobbyi	•				(a) Affiliated gro totals	onb	(b) To be completed for ALL electing
	(The term "expenditures" mea				T			organizations
36	Total lobbying expenditures to influence public				36			
37	Total lobbying expenditures to influence a legi	•			37		1	
38	Total lobbying expenditures (add lines 36 and	•			38			
39	Other exempt purpose expenditures				39			
40	Total exempt purpose expenditures (add lines				40	- 45	-,	
41	Lobbying nontaxable amount. Enter the amount				ļ			
		obbying nontaxa		_			·	
	•	of the amount on			1	* * * * * * * * * * * * * * * * * * * *		
		000 plus 15% of t			177	 	16.	
		000 plus 10% of th			41	7777		, , , , , , , , , , , , , , , , , , , ,
		000 plus 5% of the			١.	, ,		
		0,000					<u> </u>	
42	Grassroots nontaxable amount (enter 25% of	=			42			
43	Subtract line 42 from line 36. Enter -0- if line	12 is more than lir	ne 36		43			
44	Subtract line 41 from line 38. Enter -0- if line	41 is more than lu	ne 38		44	<u> </u>	لبيا	,
	Caution: If there is an amount on either line 4	3 or line AA vou i	nuet file Form 47	20	1 4.	1917 4 - 7		in the state of th
					£ 4,4.	****		May bay
	(Some organizations that made a section See the instructions	for lines 45 throug	do not have to d	complete al of the inst	l of the truction	ns.)		
		200		1			9	
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	3	(d) 2002		(e) Total
45	Lobbying nontaxable amount	Lord Turk Control	**	67.0	, ' &'	2 45 726	स्यद्भा	
46	Lobbying ceiling amount (150% of line 45(e))		PARTY PARTY	San Francisco	4	明年二十	i de la	
47	Total lobbying expenditures							
48	Grassroots nontaxable amount	130 min 15 8	पुरु होते छ		r' ÿ'		٠, ٤	
49	Grassroots ceiling amount (150% of line 48(e))		ا المالية الم المالية المالية		``;		,	·
50	Grassroots lobbying expenditures							
Par	t VI-B Lobbying Activity by Nonele (For reporting only by organiz			Part VI-A)	(See	page 11 c	of the	instructions.)
	ng the year, did the organization attempt to influence public princes on a logislature		-		uding a	any Yes	No	Amount
	npt to influence public opinion on a legislative		un, unough the	use UI.			1	N. S. S. S. 18
a	Volunteers					•	1	The state of the s
D	Paid staff or management (Include compensational Maria advertisements			e anough i	1.)	• •	7	
C	Media advertisements				•		Ż	,
d	Mailings to members, legislators, or the public					•	7	
e	Publications, or published or broadcast statem					·	*	
f	Grants to other organizations for lobbying pur					·	7	- · · · · · · · · · · · · · · · · · · ·
9	Direct contact with legislators, their staffs, go				• •	·	7	
h	Rallies, demonstrations, seminars, convention Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a sta	ıgh h.)			bbying	activities.	;	0

	_
_	
Paga	

Par	t VII			ransfers To and Transa e page 12 of the instruction	actions and Helationships With ons.)	Nonch	aritable
51	Did	the reporting organ	nization directly or	indirectly engage in any of the	e following with any other organization de	scribed i	in section
					ion 527, relating to political organizations		Yes No
а			orting organization	to a nonchantable exempt org	anization or:	51a(i)	√
	• •	Cash , , , .				a(ii)	<u> </u>
_		Other assets er transactions:					
D			ne of accete with a	noncharitable exempt organiz	etion	b(i)	1
				table exempt organization .		b(ii)	1
				er assets		b(iii)	1
					· · · · · · · · · · · · · · · · · · ·	b(iv)	1
			_			b(v)	1
				hip or fundraising solicitations		b(vi)	√
_				sts, other assets, or paid empl		С	1
					e. Column (b) should always show the fair r	market va	alue of the
•	goo	ds, other assets, o	r services given by	the reporting organization. If	the organization received less than fair mids, other assets, or services received:	arket val	ue in any
	a)	(b)	N	(c)	(d) Description of transfers, transactions, and sha		
	no.	Amount involved	Name of nonc	hantable exempt organization	Description of transfers, transactions, and site	ung arran	gemens
<u>N</u>	/A						
							
					 		
					1		
		<u> </u>			<u> </u>		
		-	· · · · · · · · · · · · · · · · · · ·				
	des		01(c) of the Code (other than section 501(c)(3)) or		☐ Yes	☑ No
		(a) Name of organiz	zation	(b) Type of organization	(c) Description of relationship		
No	ne						
				<u> </u>			
							
		····	·			<u>_</u>	
					,		
					 		
							
		····					
							
				 			

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	6
Buies Creek, North Carolina	
Duke University	6
Durham, North Carolina	
North Carolina Central University	6
Durham, North Carolina	U
University of North Carolina at Chapel Hill	6
Chapel Hill, North Carolina	
Wake Forest University	6
Winston-Salem, North Carolina	·

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 (I 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.