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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2011 calendar year, or tax year beginning 2011, and ending 20 D Employer identification number C Name of organization THE JUSTICE-FRYE FOUNDATION, INC. В Check if applicable Doing Business As 76 064 9834 Address change SAME Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 164 BRITTANY ROAD Initial return 706 - 208 - 9474 City or town, state or country, and ZIP + 4 Terminated 30622 BOGART, GA G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? Yes No Application pending F Name and address of principal officer KENNETH L. JUSTICE - SAME ADDRESS H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **★** 501(c)(3) **50% 3** □ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 2,000 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: THE JUSTICE - FRYE FOUNDATION ING PROVIDES FINANCIAL SUPPORT FOR COLLEGE SCHOLARSHIPS Activities & Governance Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar-year-2011 (Part V, line-2a) 5 O Total number of volunteers (estimate if necessary) RECEVED 6 Total unrelated business revenue from Part VII), column (C), line 12 7a Net unrelated business taxable income from Form 990-T line 34 Ŝ 0 7b Current Year Prior Year Contributions and grants (Part VIII, line 1h) . 137,300,00 212,575,8 R OGDEN. UT Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) (4,68412) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 32.615.88 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 43 081.00 <u>48.764.00</u> 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 89.534.88 19 Revenue less expenses. Subtract line 18 from line 12 215,919,10 Beginning of Current Year Assets or Balances End of Year 20 Total assets (Part X, line 16) 720,287,43 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officei Date Here 17 APRIL 2012 Type or print name and title KENNETH L, JUSTICE Print/Type preparer's name Paid Check | If self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2011

Part		_
1	Check if Schedule O contains a response to any question in this Part III	<u>. Ц</u>
•	· _	C 12
	THE JUSTICE-FRYE FOUNDATION, INC. PROVIDES FINANCIAL SUPPORT F	
	COLLEGE SCHOLARSHIPS.	
	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	∄No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1No
	If "Yes," describe these changes on Schedule O.	J
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amorgants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 48,764.00 including grants of \$ 48,764.00) (Revenue \$)
	CONTINUED FUNDING FOR THREE PREVIOUSLY GRANTED SCHOLARSHIPS, PROVIDED FUNDING FOR ONE NEWSCHOLARSHIP GRANTED IN 2011,	
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 48,764.00	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, 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	•	Х
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			
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.	10		*
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		 X
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		X
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		_ <u></u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	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	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>_X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		_ <u></u>
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		
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			<u> </u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		_X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)	7		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States	H	^	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
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		X
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 . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<u>X</u>
	Schedule L, Part IV	28b		X
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		<u>_X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	_30		_^
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		<u>×</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
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,			
20	Part VI	37	_	X
38	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
				(2011)

	90 (2011)			F	Page
Part					_
	Check if Schedule O contains a response to any question in this Part V	· · · · · · ·		· ·	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 💍		res	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	†		
c	Did the organization comply with backup withholding rules for reportable payments		1		
	reportable gaming (gambling) winnings to prize winners?		1c	N	74
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			-	^
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
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 inst				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 of				
	over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other financial			_
	account)?		4a		X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	ial Associate			
E.o.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		-		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5a 5b		_X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		X_
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		30		
			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
_	required to file Form 8282?		7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ļ	ļi	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal beneat the organization recovered a contribution of qualified intellectual property did the organization follows:		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)		7h		
-	organizations. Did the supporting organization, or a donor advised fund maintained by				
	organization, have excess business holdings at any time during the year?	y a sponsoring	8		メ
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>		
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the 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	10a			
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	11			
a b	Gross income from members or shareholders	11a			
D	against amounts due or received from them)	446			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	11b	100		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	12a		-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
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 Schedul	e O.	<u> </u>		
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	13b			
C	Enter the amount of reserves on hand	13c			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S				
ecti	Check if Schedule O contains a response to any question in this Part VI			· ·	×
-	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4			
	If there are material differences in voting rights among members of the governing body, or	•	1		
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O		1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with			
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or unde				
	supervision of officers, directors, or trustees, or key employees to a management company or other per		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4	<u> </u>	X
	Did the organization become aware during the year of a significant diversion of the organization's a	assets? .	5		X
;	Did the organization have members or stockholders?		6_		X
'a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by)				
	stockholders, or persons other than the governing body?		7b		X
1	Did the organization contemporaneously document the meetings held or written actions underta	aken during			
	the year by the following:		<u> </u>		
а	The governing body?		8a	X	,
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	roochad at	8b		/A
,	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	x	
<u>cti</u>	on B. Policies (This Section B requests information about policies not required by the International Control of the International Co				
, LI	The Policies (This Section & requests information about policies not required by the inte	CITIAI TICVC	nue C	Yes	No
2	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of suc	h chapters.	104		>_
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
a	the control of the co		11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9	114		
a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Ý
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy				
_	describe in Schedule O how this was done	,	12c		
	Did the organization have a written whistleblower policy?		13		X
	Did the organization have a written document retention and destruction policy?		14		X
ı	Did the process for determining compensation of the following persons include a review and a	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		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
а	Did the organization invest in, contribute assets to, or participate in a joint venture or similar at	rrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to sat				
			16b		
	organization's exempt status with respect to such arrangements?				
	on C. Disclosure				
cti	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
cti	List the states with which a copy of this Form 990 is required to be filed ► NCNE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	90-T (Section	n 501(c)(3)s	only)
cti	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE	90-T (Section	n 501(c)(3)s	only)
	List the states with which a copy of this Form 990 is required to be filed ► NCNE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request				
cti	List the states with which a copy of this Form 990 is required to be filed ► NCNE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection. Indicate how you made these available. Check all that apply. Own website □ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing document				
	List the states with which a copy of this Form 990 is required to be filed ► NCNE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request	its, conflict	of inte	rest p	

Form	qqn	(2011)	

Page 7

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

Check if Schedule O contains a response to any question 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 nor any related organization compensated any current officer, director, or trustee.

Check the box in heither the organization he	l any rotate	J. 5. g.			C)	<u>р с</u>				, 0. 1. 40.00.
(A)	(B)			•	-, ition			(D)	(E)	(5)
(A) Name and Title	(B) Average					e than d		Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per					is both or/trust		compensation	compensation from	amount of
	week	-	1	_	_		·	from	related	other
	(describe hours for	_ de de	<u>s</u>	Officer	éy (팔	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	rect dua	 	[욕	l me	est o	₫	(W-2/1099-MISC)		organization
	organizations	악파	na		Key employee	eom		,		and related
	in Schedule O)	Individual trustee or director	Institutional trustee		ee	Pen				organizations
	, ,	Ф	tee			Highest compensated employee				
						<u> </u>				
(1) Venues A Trans Open I The A.C.										
(1) KENNETH L. JUSTICE, PRES / TREAS:	ש	X		X	×			0	0	0
(2) ELIZABETH F. JUSTICE, VP/ SEC.	1.5	.,		J	J				_	
(0) -	1.5	X		X	X		<u> </u>	0	0	0
(3) JULENE K. JOHNSON, DIR.	0,1	X								
(4) JOHN MORRIS, DIR.										
	0.1	X								
(5)										
										<u>-</u>
(6)	_									
7							<u> </u>			
_(7)	_									
(0)			<u> </u>							
(8)		1					}			
(9)		-			-	 	-			
	_									
(10)		 	-			-				
(10)	-									
(11)	 									
<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	_	ı								
(12)						-				
	1									
(13)										_
	1									
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (contin	ued)
					•	C)						
	(A)	(B)	(do n	ot ch		ition	than o	nne.	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Reportab		Estimated
		hours per week		r and	_	irect	or/trust	r i	compensation	compensation related	n from	amount of other
		(describe	Individual trustee or director	Institutional trustee	Officer	e e	Highest compensated employee	Former	the	organizatio		compensation
		hours for related	irec	tutic	ĕ	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-M	(ISC)	from the organization
		organizations	tor in	onal		ᄝ	# C		(**-27 1033-141130)			and related
		in Schedule	uste	tru		8) per					organizations
		O)	ď	stee			Isate					
							<u> </u>					
(15)												
(40)						 			-			
(16)												
(17)	-											
(17)												
(18)									 			
(10)		-										
(19)	· · · · · · · · · · · · · · · · · · ·											
110/												
(20)								\vdash				
3=-17								ļ				
(21)												
3			1									
(22)												
]										
(23)												
					L							
(24)												
					ļ							
(25)												
					<u> </u>			Ļ				
1b	Sub-total			٠	•			•	0		0	<u> </u>
C	Total from continuation sheets to Part	VII, Sectio	n A	•	•				. 0		0	0
d	Total (add lines 1b and 1c)							<u>. </u>	0		0	0
2	Total number of individuals (including but				list	ed	above	e) w	no received m	ore than \$1	00,00	U Of
	reportable compensation from the organi	Zalion										Yes No
3	Did the organization list any former of	ficer direc	tor c	r tr	uet	20	kev e	≥mr	olovee or high	est compe	nsate	
J	employee on line 1a? If "Yes," complete											3 X
4	For any individual listed on line 1a, is the							n a	and other comm	nensation fr	om th	A STATE OF THE PARTY OF THE PAR
•	organization and related organizations	greater th	an \$1	150.	000	190. 12 /	f "Ye	s."	complete Sch	nedule J fo	r suc	h
	individual											4 X
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	zation or inc	lividua	
•	for services rendered to the organization											5 X
Section	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed ind	depe	end	ent	contr	act	ors that receive	ed more tha	n \$10	0,000 of
	compensation from the organization. Rep											
	year.											
	(A)								(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
	NONE							<u> </u>				
								_				
								<u> </u>				
		-										
								<u> </u>		, ,		
2	Total number of independent contractor							o th		ove) who		
	received more than \$100,000 of compens	sation from	the o	rgar	าเza	tion			0			

Form **990** (2011)

Par	<u>WIII</u>	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns . 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	1]		
ڪ آھ	c	Fundraising events 1c	1			
Gifts, i ilar An	d	Related organizations 1d	1			
°, E	e	Government grants (contributions) 1e	1			
is is	f	All other contributions, gifts, grants,	†			
Contributions, and Other Sim	-	and similar amounts not included above 1f 212, 575.81				
草豆	g	Noncash contributions included in lines 1a-1f \$ 70,760.60	1			
2 E	h	Total. Add lines 1a–1f	212,57581			
		Business Code	1961 6,212			
eun.	2a			<u> </u>		
ě	b		 			
9	C					
ēŽ	ď					
Š	e					-
Jran	f	All other program service revenue .				
Program Service Revenue	g	Total. Add lines 2a–2f				<u> </u>
	3	Investment income (including dividends, interest,	_			1
		and other similar amounts)	20 7507	20,759.34	_	20,759,34
	4	Income from investment of tax-exempt bond proceeds ▶	20, 199,54	20,107,51		20,137137
	5	Royalties				
	•	(i) Real (ii) Personal			 -	
	6a	Gross rents				
	b	Less. rental expenses	-			
	c	Rental income or (loss)	-			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 204, 291.56	-			
	ь	Less: cost or other basis				
	_	and sales expenses 172, 943.61				
	С	Gain or (loss) 3 1, 347.95				
	d	Net gain or (loss)	31,347,95	31,347,95		31,347,95
	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	31/3 (1/73	34,274,73		31,341.43
ıne	8a	Gross income from fundraising				
Ver		events (not including \$				
Other Reven		of contributions reported on line 1c).				
ē		See Part IV, line 18 . a				
Ę.	b	Less: direct expenses b]			
	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses b				
		Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less				
		returns and allowances a				
		Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d ▶				
	12	Total revenue. See instructions ▶	264,683.10	52.107.20		52,107,29

Part IX S	Statement of	Functional	Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are no
required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any question in this Part IX							
	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 governments and organizations in the United States. See Part IV, line 21	48,764.00	48,764.00					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	17.						
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) $$.							
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits				.,			
11 a	Fees for services (non-employees). Management							
b c d	Legal							
e f	Professional fundraising services. See Part IV, line 17 Investment management fees							
g 12	Other							
13 14	Office expenses							
15 16 17	Royalties							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19 20	Conferences, conventions, and meetings							
21 22	Payments to affiliates							
23 24	Insurance							
a b								
c d e	All other expenses							
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	48,764.00	48,764,00					
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).							

P	art X	Balance Sheet			Page 11
		Sulance onect	(A) Beginning of year		(B) End of year
	1 2	Cash—non-interest-bearing	56,333,81	1 2	155,364.52
	3 4	Pledges and grants receivable, net		3 4	
Assets	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		5	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	"	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	6 63, 953.62	11	738,084.62
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	720,287.43	16	893,449.14
	17	Accounts payable and accrued expenses		17	<u> </u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
<u>ia</u>	00	·		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-	26	
ces		Organizations that follow SFAS 117, check here ► 🔀 and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	720,287.43	27	893,449,14
Ba	28	Temporarily restricted net assets	-	28	
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.		29	
S S	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	· · · · · · · · · · · · · · · · · · ·
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
det .	33	Total net assets or fund balances	720, 287.43	33	893,449.14
_	34	Total liabilities and net assets/fund balances	720,287.43		893, 449, 14
					Form 990 (2011)

Part	XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u></u>		. 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	264	68	3,10
2	Total expenses (must equal Part IX, column (A), line 25)	2	48	3,76	4.00
3	Revenue less expenses. Subtract line 2 from line 1	3	215	5,91	9.10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			7.43
5	Other changes in net assets or fund balances (explain in Schedule O)	5			7.39
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		—	,	
	column (B))	6	89	3,44	9.14
Part	XII Financial Statements and Reporting			-,	
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>			. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.				:
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were	l	f	ļ
	issued on a separate basis, consolidated basis, or both:			}	i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	adıts	3b		1

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. ► See separate instructions.

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

T	he Justic	E-FRYE F	OUNDA TION,	INC.				76_	0649	7834		
Pa	rt I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
he	organization is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	e box.)		<u> </u>		
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170	(b)(1)(A)(i).			
2	A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3	A hospital or a	a cooperative ho	spital service organiza	ation desc	cribed in	section '	170(b)(1)	(A)(iii).				
4	•	•	on operated in conjun)(b)(1)(A)(iii). Ente	r the	
	hospital's nan	ne, city, and stat	e:		•					-		
5			the benefit of a colle	ge or uni	versity o	wned or	operated	bv a go	vernment	al unit d	escrit	oed in
)(1)(A)(iv). (Com		9			-,	, . 3 .				
6			nment or government	al unit da	ecribed in	section	170(h)/1	1)/ Δ)/ ₆)				
7			receives a substantia						ut or from	the ger	neral i	nublic
•			(A)(vi). (Complete Par		no ouppe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 govo	inontal al	01 11011	i tilo gol	ioiai į	pabilo
0			n section 170(b)(1)(A		mploto Do	ort II \						
8								9				
9			receives: (1) more that									
			d to its exempt funct									
			ent income and unrel after June 30, 1975. Se						ii 511 ta	k) IIOIII	busin	esses
		-							4			
10	-	-	operated exclusively		-	-				_		
11			nd operated exclusive									
			olicly supported organ								ee se	ection
	<u></u>		describes the type of						_			
	a 🗌 Type I		• •		III-Funct	•	•		_	Type II		
е			that the organization									
			ers and other than one	e or more	e publicly	support	ed organ	iizations c	lescribed	in section	on 50	9(a)(1)
_	or section 509								_			
f	_		a written determination	on from	the IRS 1	that it is	a Type	I, Type I	I, or Typ	e III sup	porti	ng _
	,	check this box									•	. 🗆
9			he organization accep	oted any	gift or co	ontributio	n from a	any of the	1			
	following pers											,
			ndirectly controls, eith							ıd	Yes	No
	(iii) below,	the governing b	ody of the supported	organizat	ion?					11g(i)		X
	(ii) A family m	nember of a pers	on described in (i) abo	ve?						11g(ii)	1	X
	(iii) A 35% co	ntrolled entity of	a person described in	(i) or (ii)	above? .					11g(iii)	×
h	Provide the fo	ollowing informat	ion about the support	ed organi	ization(s).							
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) A	mount	of
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		on in col zed in the	SU	pport	
			(see instructions))]		sup	port?	Ü				
				Yes	No	Yes	No	Yes	No			
۸۱ F	ZOCKBRIDGE											
ς, 200,	MTY HIGH SCHOOL	N/A	SCHOOL	X		×		X		48	76 ر،	4.00
B)												
رت 					<u> </u>			<u> </u>				
 C)				-								-
-,								<u> </u>				
D)												
		-		ļ	<u> </u>			<u> </u>				
E)												
		<u> </u>		 			 	 		<u> </u>		

Total

48,764.00

Page 2

Part							
	(Complete only if you checked th				_	•	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		1 (1) 0000	4 1 2222	() 2040		· · ·
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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					ļ	
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.		<u> </u>		<u> </u>	<u> </u>	
	on B. Total Support			1	 	T	
	idar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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 IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	· ·				12	
13	First five years. If the Form 990 is for the	-			•		
	organization, check this box and stop he						► □
	ion C. Computation of Public Suppor			4	-	144	0/
14 15 16a	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch 331/3% support test—2011. If the organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹		
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					9 15 is 33½% 	or more, . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts- acts-and-circ	and-circumsta	nces" test, che st. The organiz	eck this box ar	nd stop here . (Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the	e "facts-and-c s-and-circums	rcumstances" tances" test. T	test, check the organization	nis box and st	op here. a publicly
18	Private foundation. If the organization durinstructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec		

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

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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					i	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						1
	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 .						
	, ,	-		,,	ļ		
b	Amounts included on lines 2 and 3 received from other than disqualified						
	received from other than disqualified persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				1,	.,	
	line 6.)		1.30	The state of the s		\$ 14 × \$8\$	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					•	
	acquired after June 30, 1975					.	
C	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						
.2	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>					
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop he	re		<u> </u>			🕨 🗀
Secti	on C. Computation of Public Suppor	<u>_</u>					
15	Public support percentage for 2011 (line 8		•	. , , ,			%
16	Public support percentage from 2010 Sch			<u> </u>		16	%
	on D. Computation of Investment In			1	- (0)	T 1	
17	Investment income percentage for 2011 (17	<u>%</u>
18	Investment income percentage from 2010 331/3% support tests—2011. If the organ						% and line
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2010. If the organiz					-	_
U							
	line 18 is not more than 331/3%, check this	oox and stop n	I CI C. THE UTUAL	ızatıçıı dualine:	s as a bubliciv s	upponeo oroa	nization 🚩 i i
20	line 18 is not more than 33½%, check this Private foundation. If the organization di		_				_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
	, , , , , , , , , , , , , , , , , , , ,					
••						
						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection 2011

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

%□ (h) Purpose of grant or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ✓ Yes 76 0649834 Scholarships Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) (Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash 48,764.00 Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN ٤ (1) Rockbridge County High School 1 (a) Name and address of organization 143 Greenhouse Rd. Lexington, VA The Justice-Frye Foundation, Inc. or government Part I Part II 9

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Schedule I (Form 990) (2011)

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Enter total number of section 501(c)(3) and government organizations listed in the Ilne 1 table

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Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 880.

Cat No. 50055P

Schedule I (Form 990) (2011)							
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					olleges.	standing at their respective colleges.	standing a
subsequent semester scholarships are granted, students are required to provide copies of official grade reports for their previous semester showing that they remain in good academic	previous semester showing	al grade reports for their	ovide copies of officia	are required to p	ships are granted, students	nt semester scholar	subsequer
colleges for initial semester scholarship grants. Before	heir colleges for initlal semes	etters of Acceptance to t	al students' official Le	copies of individu	Part I, Line 2: The Justice-Frye Foundation, Inc. requires copies of individual students' official Letters of Acceptance to their	2: The Justice-Fry	Part I, Line
litional information.	line 2, and any other additional information.	on required in Part I,	ovide the information	this part to pr	Supplemental Information. Complete this part to provide the information required in Part I, line	Supplemental	Part IV
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and a second			·				-
(1) Description of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non-cash assistance	(c) Amount of cash grant	(b) Number of recipients	or assistance	(a) Type of grant or assistance	
OIII 300, 1 giv 14, IIII 0 22.		mpioso ii siio organizi	d.	space is neede	Part III can be duplicated if additional space is needed.	Part III can be	
n 990) (2011) Page 2		moleto if the examin	Initial Edition Co.	viduals in the	ther Assistance to Ind	Schedule I (Form 990) (2011)	Schedule I (F

SCHEDULE M . (Form 990)

Noncash Contributions

2011

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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27 28 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

Open To Public Inspection

The Justice-Frye Foundation, Inc. 76 0649834 Part I Types of Property (a) **(d) (b)** Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art-Works of art Art -- Historical treasures . . 2 3 Art-Fractional interests . . 4 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . 7 Boats and planes Intellectual property 8 1010 70,760 Market Value Securities-Publicly traded . . . 9 Securities—Closely held stock . 10 Securities-Partnership, LLC, 11 or trust interests Securities-Miscellaneous . 12 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other . . . Real estate -- Residential . . . 15 Real estate—Commercial . . -16 Real estate-Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies . . Taxidermy 21 22 Historical artifacts

which the organization completed Form 8283, Part IV, Donee Acknowledgement n Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Number of Forms 8283 received by the organization during the tax year for contributions for

Scientific specimens Archeological artifacts . .

Other ► (

Other ► (

Other ► (

Other ► (

Schedule M	(Form 990) (2011) Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I, Line	e 32a: The Justice-Frye Foundation, Inc. uses the brokerage services of Charles Schwab to execute its investment sale
transactio	ins.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

76 0649834 The Justice-Frye Foundation, Inc. Part VI, Section A, Line 2: Kenneth L. Justice and Elizabeth F. Justice are married. Part VI, Section A, Line 9: Directors' Addresses: Julen K. Johnson, 247 Downey Street, San Francisco, CA 94117 John Morris, 1200 Sterrett Road, Fairfield, VA 24435 Part VI, Section C, Line 19 Description: The Justice-Frye Foundation, Inc. makes its documents available to the public upon request. Part XI, Line 5, Explanation: Change results from decrease in market value of securities.