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# Return of Organization Exempt From Income Tax

OMB No 1545-0047 20**12** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending 20 C Name of organization THE JUSTICE - FRYE FOUNDATION, INC. D Employer identification number Check if applicable: Doing Business As <u> 76 0649834</u> Address change SAME Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change 164 BRITTANY ROAD 706-208-9474 Initial return City, town or post office, state, and ZIP code Terminated G Gross receipts \$ 252,843,25 BOGART, GA 30622 Amended return Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No 501(c)(3) If "No," attach a list (see instructions) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2000 | M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: THE JUSTICE-FRYE FOUNDATION INC. 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) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII. column (C); line 12 0 Net unrelated business taxable income from 990-T. line 34 0 Prior Year **Current Year** Contributions and grants (Part VIII, line清的). WAY 0 % 2.013 212,575.81 143,360,00 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1 15 10 52,107.29 175.33 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9e, 10c, and 11e). 11 24,21 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 264,683,10 559.54 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 48.764.00 54,245,50 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) 48,764,00 19 Revenue less expenses. Subtract line 18 from line 12 215,919.10 126,751-5 Beginning of Current Year 20 Total assets (Part X, line 16) 893,449,14 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II 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 15 APRIL 2013 Kennett Sign Signature of officer Here JUSTICE TREASURER KENNETH L. Type or print name and title Print/Type preparer's name Date Preparer's signature Paid Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **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

Part	
1	Check if Schedule O contains a response to any question in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 54, 245, 50 including grants of \$ 54, 245, 50 ) (Revenue \$ )
	CONTINUED FUNDING FOR FOUR PREVIOUSLY GRANTED SCHOLARSHIPS.
	PROVIDED FUNDING FOR ONE NEW SCHOLARSHIP GRANTED IN 2012.
4b	(Code:) (Expenses \$inc!uding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$inc!uding grants of \$) (Revenue \$)
	Other was were any idea (December in Schodule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 54, 245,50

Part I	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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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	5		X
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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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		X
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		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	

Part	Checklist of Required Schedules (continued)			
			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_	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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		Х
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) 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	24d 25a		X
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, highest compensated employee, or 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):	• ,		, t
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 Schedule L, Part IV	28a 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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		χ
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

Form **990** (2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>	<u>.</u>	
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			] ,
С	reportable gaming (gambling) winnings to prize winners?	1c	N	A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	''	_ N. /	1
Ła	Statements, filed for the calendar year ending with or within the year covered by this return  2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		,,,
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ļ —		
3a	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 or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١
	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 Financial Accounts.		_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Oa		<del>  ^</del>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
·	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 for which it was		]	İ
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b> −	ĺ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		+
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		+
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b> </b>		+
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	1	X
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	9a		Ī
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	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	4	1	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	against amounts due or received from them.)			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	-		
	the organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand	<del> </del>	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
h	If "Vos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	l .	1

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes. Check if Schedule O contains a response to any question in this Part VI	s in Sch	edule O. S	ee ins	tructi	ons.
Section	on A. Governing Body and Management	<u> </u>	<del>· - · · · ·</del>	<u> </u>	<u> </u>	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	4			
2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			2	×	
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other			3		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 90 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	on's ass elect or	ets? . appoint	4 5 6		X X X
þ	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:				,	
a b	The governing body?			8a 8b	X N	Ά
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule Control of the organization of the control	) <u>.</u>		9	χ	
Secti	on B. Policies (This Section B requests information about policies not required by the	e Interi	nal Reven	ue Co		
40-	Out the automobile beautiful about the state of the state of			40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?			10a 10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing tl	ne form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	 ve rise to	 conflicts?	12a 12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy?	If "Yes,"	12c		
13	Did the organization have a written whistleblower policy?			13		X
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and app	roval by	14		X
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	N	/A /A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeg	uard the	16b		
	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	and 990	-T (Section	501(	c)(3)s	on:y)
19	Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing dociand financial statements available to the public during the tax year.			f inter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the borganization: KENNETH L. JUSTICE, 164 BRITTANY ROAD, BOGART GA 30622					

				_					
Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	<b>Employees</b>	, and
	Independent Contractors								

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

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

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

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

Check this box if fielther the organization flor any related organization compensated any current officer, director, or trustee.										
	(C)									
(A)	(B)			Pos	ition			(D)	(E)	( <del>F</del> )
	1					than c		1		
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any			ad	lirector/trustee)			compensation from	compensation from related	amount of other
	hours for	유호	万	Officer	줆	조 물 글 글		the	organizations	compensation
	related	물물	<u>#</u>	ξ	e e	호물	Former	organization	(W-2/1099-MISC)	from the
	organizations	중	l tio	14	🛱	ye st	욕	(W-2/1099-MISC)		organization
	below dotted	의 불	nal		Key employee	u g				and related
	line)	l Ist	2		8	þe				organizations
		Individual trustee or director	Institutional trustee			Highest compensated employee				
			n n			ted				
(1) KENNETH L. JUSTICE, PRES /TREAS	6									
(1) KONNE IN C., OSTICE, TRES, JIKENS	·····•	X		X	ŀ			0	0	0
	<b>.</b>		Ь.	^	<u> </u>		_			
(2) ELIZAGETH F. JUSTICE, VP/ SEC.	1,5				1					•
		X	L.	X				0	0	0
(3) JULENE K. JOHNSON, DIR,	0.1					[				
		X						0	0	6
(4) JOHN MORRIS, DIR,	0.1									
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			<u> </u>							
(14)										
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	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is b officer and a director/tr					an ee)	(D)  Reportable compensation from	(E) Reportable compensation related	e Estim from amou oth		nated unt of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi		orgar and	ensation the nization related ization	n t
(15)							<u> </u>							
(16)														
(17)														
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(24)														
(25)														
1b c	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio		-	•			<b>&gt; &gt;</b>	0	0			0	)
d 2	Total (add lines 1b and 1c)	not limited			list			<b>►</b> e) w	ho received m	ore than \$10	00,000 o	f		<u>,                                     </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	nest comper	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		5	_	X
Section	on B. Independent Contractors	, ,	•						<u> </u>					
1	Complete this table for your five highest compensation from the organization. Repyear.													lax
	(A) Name and business add	ress						(B) Description of services			Co	(C) mpens	ation	
	NONE													
								L						
								$\vdash$						<del></del>

Form **990** (2012)

Part	VIII	Statement of Revenue		tion in this Dort V	····		
	•	Check if Schedule O contains a re	esponse to any quest	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Gifts, Grants ilar Amounts	1a b c d	Federated campaigns Membership dues Fundraising events Related organizations	1a				
Contributions, Gift and Other Similar	e f g h	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a- <b>Total.</b> Add lines 1a-1f		143,360.00			
	n 2a	Total. Add lines 1a-11	Business Code	143, 380.00			
Program Service Revenue	b c d						
Program	f g	All other program service revenue  Total. Add lines 2a–2f					
•	3 4 5	Investment income (including of and other similar amounts)		32,707.13	32,707.13		32,707.13
	6a b c	Gross rents Less rental expenses Rental income or (loss)	(ıı) Personal				
	d 7a b	Gross amount from sales of assets other than inventory Less cost or other basis	.71				
	c d	and sales expenses . 65, 915 Gain or (loss) . 5, 468 Net gain or (loss)		5,,468,20	5,468.20		5,468.20
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 10 See Part (V), line 18					
Othe	С	Less: direct expenses	b sing events . ▶				
	С	Less: direct expenses	activities <b>&gt;</b>				
		Less: cost of goods sold  Net income or (loss) from sales of Miscellaneous Revenue					
	11a b c	SECURITY CLASS ACT, SETTLEM	ENT	24,21	24,21	•	24,21
	d e 12	All other revenue		24.21	39 199 FU		36,199,54

	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete colu	ımn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		.' : . 🖂
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	54, 245, 50	54, 24 5.50		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		3 1/ 2 1 7 1 2 2		
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				
9	Other employee benefits	- A <sub>111</sub> - Like	_		
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				·
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	*			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion				
14	Information technology	-			····
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .		_		
23	Insurance	<del></del>			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN DIVITRANSACTION FEES	26,25	_	26,25	-
b	FOREIGH DIV. WITHOLDING TAX	536.20	-	536.20	_
d					<u>-</u>
e	All other expenses		-		<del>-</del>
25	Total functional expenses. Add lines 1 through 24e	54,807.95	54,245,50	562.45	-
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)	31,000,000	21,212120		

Р	art X	Balance Sheet	·		
		Check if Schedule O contains a response to any question in this Part >	·		🗆
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	155,364,52	2	68,714.52
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ģ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	_	9	<del>-</del> .
	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	738,084.62	11	1,037,815.10
	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	<del>-</del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	893,449.14	16	1,106,529,62
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u> </u>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
۳	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25		25	
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		26	
ces	i	complete lines 27 through 29, and lines 33 and 34.			
<u>a</u> n	27	Unrestricted net assets	893,449,14	27	1,106,529.62
Ba	28	Temporarily restricted net assets [		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ō	30	·		20	'
šet	31	Capital stock or trust principal, or current funds		30 31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds .		31	
et	33	Total net assets or fund balances	893,449,14	33	1 104 520 10
Z	34	Total liabilities and net assets/fund balances	893,449,14	34	1,106,529,62
			0,3, 12.11	<b>5 7</b>	Form <b>990</b> (2012)

onn sa	0 (2012)				raç	ge iz
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	181,	55	9.	54
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	, 8 c	7.9	35
3	Revenue less expenses. Subtract line 2 from line 1	3	126	,75	1	59
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	893	3,41	12.	14
5	Net unrealized gains (losses) on investments	5	86	, 38	28.	89
6	Donated services and use of facilities	6				-
7	Investment expenses	7				-
8	Prior period adjustments	8				-
9	Other changes in net assets or fund balances (explain in Schedule O)	9				,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-			
	33, column (B))	10	1,100	5,5	27,	62
Part	•					
	Check if Schedule O contains a response to any question in this Part XII					
					/es	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," ex	ıplain iı	า			
	Schedule O.				1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			а		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		Ì	
	reviewed on a separate basis, consolidated basis, or both					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?		. 2	b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		- 1	
	separate basis, consolidated basis, or both:				- 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or					
	of the audit, review, or compilation of its financial statements and selection of an independent according			:c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın i	n	İ		
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i				
	the Single Audit Act and OMB Circular A-133?			a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		1			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	RIUUITS		b	000	(2012
						/OO40

### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE JUSTICE-FRYE FOUNDATION, INC

Employer identification number 76 - 064 98 34

Pai	t I Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ons.		
The o			ation because it is: (Fo									
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).			
2	A school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	A hospital or a	cooperative ho	spital service organiza	tion described in section 170(b)(1)(A)(iii).								
4	A medical rese		on operated in conjun						D(b)(1)(A)	(iii). Ente	r the	
5		on operated for )(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit d	escrib	ed in
6 7	☐ An organization	on that normally	nment or government receives a substantia I <b>(A)(vi).</b> (Complete Par	al part of					nit or fror	n the ger	neral p	oublic
8	☐ A community	trust described ı	n <b>section 170(b)(1)(A</b>	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre- lifter June 30, 1975 Se	ions-sul lated bus	bject to d siness ta	certain ex xable ind	ceptions	s, and (2) ss sectio	no more	e than 33	31/3%	of its
10 11	An organization purposes of or	on organized ar one or more pub	d operated exclusively and operated exclusive plicly supported organ describes the type of	ely for th	ie benefi describe	t of, to p	perform to ion 509(a	the funct i)(1) or se	ions of, ection 50	9(a)(2). S		
	a 🗌 Type I	<b>b</b> 🗌 Type								ionally in	tearat	ed
е	By checking to other than four or section 509	his box, I certify Indation manage	that the organization ers and other than one	is not co	ntrolled o	lirectly or	indirectly	y by one	or more	disqualifi	ed pe	rsons
f		ation received a	a written determination		the IRS 1	that it is	a Type	I, Type I	I, or Typ	e III sup	portir	ng 🗆
g	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?						u					
	(i) A person v	who directly or i	ndirectly controls, eitlody of the supported							nd 11g(i)	Yes	No X
			on described in (i) abo							11g(ii)		<u>x</u>
			a person described in							11g(iii)	$\overline{}$	×
h	Provide the fo	llowing informati	on about the support	ed organi	zation(s).					8(7		
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		(iv) Is the o in col (i) Is governing	iv) Is the organization (v) Did you notify the organization in or		organizat (i) organi U	Is the ation in col. inzed in the S?		nt of mo				
				Yes	No	Yes	No	Yes	No			
(A)	ROCKBRIDGE			1 .		.,						
<u> C</u> 00	UNTY HIGH SCHOOL	N/A	SCHOOL	χ		X		X		54,3	245	,50
(B)												
(C)		-									_	
(D)		_										
(E)												
<b>T</b> -4-'				-						EU 2	, u E	<u> </u>

Part							
	(Complete only if you checked th						ualify 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	T	1	<del></del>
	dar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					j	
	on B. Total Support			Г	T	T	-T
	idar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7 8	Amounts from line 4			:			
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	Total support. Add lines 7 through 10		<u></u>				
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he				· · · ·	· · · ·	<b>▶</b> <u>□</u>
	ion C. Computation of Public Support Public Support percentage for 2012 (line			11 column (ft)		14	
14 15	Public support percentage for 2012 (infe Public support percentage from 2011 Sc					15	<del>//</del>
16a	331/3% support test—2012. If the organi box and stop here. The organization qua	izatıon did not	check the box	k on line 13, an	nd line 14 is 33		check this
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33¹/₃% 	
17a	10% or more, and if the organization me Part IV how the organization meets the "organization	eets the "facts facts-and-circ 	-and-circumstaumstances" te	ances" test, chest. The organia	neck this box a zation qualifies	and <b>stop here</b> as as a publicly 	Explain in supported ► □
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization of supported organization organization or supported organization or supported organization organization organization organization organization organization organization organization organization organization organiza	ition meets the	e "facts-and-c ts-and-circum:	circumstances' stances" test.	' test, check t The organizati	this box and	stop here.
18	Private foundation. If the organization d					ck this box an	id see

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

0

Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public Inspection 2012

Employer identification number 488490 94 X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FOUNDATION, INC. JUSTICE - FRYE Name of the organization 카 Part i

Schedule I (Form 990) (2012)		Cat No 50055P	O		ns for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Form 990	ē
0	·				d in the line 1 table	rganizations liste	3 Enter total number of other organizations listed in the line 1	-
_			ine 1 table .	tions listed in the li	vernment organiza	501(c)(3) and go	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	•
								<u> </u>
								120
							()	(11)
							((	9
								-
							(6)	9
					-			-
							3)	8
							7)	E
							la	9
			-					
							(5	(3)
•							(4	€
								-
							3)	ව
								1
							(2) LEXINGTON, VIRGINIA	2
SCHOLA RSHIRS				54,245,00		M/A	SCHOOL, 143 GREENHOUSE RD.	- 33
or assistance	non-cash assistance	other)	cash assistance	grant	ır applicable		or government	3
(h) Purpose of grant	(g) Description of	(f) Method of valuation (hook FMV appraisal	(e) Amount of non-	(d) Amount of cash	(c) IRC section	(p) EIN	1 (a) Name and address of organization	-
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	space is needed.	ated if additional	Il can be duplic	han \$5,000. Part	received more t	y recipient that		
ered "Yes" to Form 990.	if the organization answe	tates. Complete	in the United S	Organizations	overnments and	sistance to G	Parall Grants and Other As	O.

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	lividuals in the U	nited States. Com	plete if the organiz	ation answered "Yes" to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
က			The state of the s			
4						
വ						
9						
7 Part IV	Supplemental Information. Complete this part to information.	te this part to pro	vide the information	required in Part I,	line 2, Part III, column (b	provide the information required in Part I, line 2, Part III, column (b), and any other additional
PARTI	ý	E, INC. REGI	JIRES COPIES	OF INDIVIDE	AL STUDENTS'	<b></b> :
SEMESTER S	TANCE TO THEIR COLLEGES FOR INITIAL SEMESTER SCHOLARSHIP, GRANTS. BEFORE SUBSEQUEN STER SCHOLARSHIPS ARE GRANTED, STUDENTS ARE REQUIRED TO PROVIDE COPIES OF OFFICAL	FOR INITIAL	AL SEMESTER	REQUIRED T	SCHOLARSHIP, GRANTS. BEFORE AUIRED TO PROVIDE COPIES OF	FORE SUBSEQUENT
GRADE		PREVIOUS S	SEMESTER SHOWING THAT	HOWING THA	T THEY REMAIN IN	וא וא פיסםם
ACAD	ACADEMIC STANDING AT TH	THEIR RESP	RESPECTIVE COL	COLLEGES,		
			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
					į	•
						Schedule I (Form 990) (2012)

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE JUSTICE-FRYE FOUNDATION, INC.

Employer identification number 76 0649834

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art							
2	Art – Historical treasures							
3	Art-Fractional interests							
4	Books and publications			-				
5	Clothing and household							
	goods							
6	Cars and other vehicles				-			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	<b>V</b>	2010	88,360.00	MARK	ET	VAL	UE
10	Securities—Closely held stock .							
11	Securities – Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation					-		
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other		7T					
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20 21	Drugs and medical supplies							
22	Taxidermy							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received							
	which the organization completed				29		0	
							Yes	No
30a	During the year, did the organiza							1
	it must hold for at least three year			ution, and which is not req	uired to be		ŀ	]
	used for exempt purposes for the		ing period?			30a		<u>_X</u>
	If "Yes," describe the arrangement							1
31	Does the organization have a	gift accep	tance policy that require	es the review of any no	n-standard			ļ.
00	contributions?					31		<u>X</u>
32a	Does the organization hire or use							
L	contributions?	•				32a		<u> </u>
33	If "Yes," describe in Part II.  If the organization did not report all	n amount in	column (c) for a type of arc	nerty for which column (a)	ie checkod		Į	ĺ
55	describe in Part II	n amount iii	column (c) for a type of pro	pperty for which column (a)	is checked,			1

Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30 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 of both items.	he,
**********		

### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization	Employer identification number
The Justice-Frye Foundation, INC.	76 -0649834
Part VI, Section A, Line Z: Kenneth L. Justice and	L Elizabeth F,
Infice are morried.	
Port VI, Section A. Line 9: Directors'addresses:	·
Dr. Julene K. Johnson	
247 Downey St., SAN FLANCISCO, CA 9411'	7
John Morris	
1200 sterrett Rd., Fairfield, VA 2443	4
Part VI, Section C, Line 19: The Justice-FLye Four	dotion, Inc.
makes its documents available to the pu	ble spon request.
·	

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization	Employer identification number
	•
······································	
·	·