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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the	2016 calendar year, or tax year beginning	, 2016, ar	nd ending			, 20
B Check if	pplicable C Name of organization THE JUSTICE-FRYE	FOUNDATION , INC			Employ	er identification number
Address	hange Doing business as SAME				76-	0649834
Name ch		to street address)	Room/suite	E	Telepho	ne number
Initial retu			APT, 1	302	678 -	971 - 4884
_	/terminated City or town, state or province, country, and ZIP or fore	eign postal code	`			
Amended				ا	Gross re	eceipts \$ 498,547,6
-i -	n pending F Name and address of principal officer					subordinates? Yes No
□ Applicatio	, 91	E AS ABOVE		,	•	s included? Yes No
			7.507			Illist (see instructions)
Tax-exen		no)	527	·		•
Website:	· · · · · · · · · · · · · · · · · · ·	1		H(c) Group e		
	ganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ►	L Year	of formation	2000	M State	of legal domicile TX
Part I	Summary					
	Briefly describe the organization's mission or most sig					
<u> ဗ</u>	PROVIDES FINANCIAL SUPPORT	FOR COLLE	GE 30	CHOLAR	SHIP	<u>s.</u>
& Governance						
ទ្ធ 2	Check this box $lacktriangleleft \square$ if the organization discontinued it	ts operations or dis	posed of r	more than 2	25% of	its net assets.
ဌ ဒ	Number of voting members of the governing body (Pa	art VI, line 1a)			3	4
4	Number of independent voting members of the govern	ning body (Part VI,	line 1b) .		4	2
§ 5	Fotal number of individuals employed in calendar year	r 2016 (Part V, line :	2a)		5	0
5 6 7a	Total number of volunteers (estimate if necessary)				6	Н
7a	Total unrelated business revenue from Part VIII, colum	nn (C), line 12 .			7a	0
	Net unrelated business taxable income from Form 990				7b	O
				Prior Yea	_	Current Year
8 8	کاری ہے۔ -۔۔۔۔۔۔ Contributions and grants (Part Vill, line 1h)			64,613	3.62	130,203.68
- 1	Program service revenue (Part VIII, line 252)	. 8	· · -	67,613	10C	130,603.68
5 10	nvestment income (Part VIII, column (A) Thes 3,44, an	3.7.2017: 05	· ·	00 075	2 0 7	95 971 110
	Other recognic (Part VIII, column (A) line 5, 5d, 0e, 0e			99, 47	, , , ,	92,871,48
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c				2,10	0:100
	Total revenue—add lines 8 through 11 (must equal Par		e 12) 14	65,425		216,075,16
l l	Grants and similar amounts paid (Part IX, column (A),		· ·	83,980	2,04	79,588.39
	Benefits paid to or for members (Part IX, column (A), I	•				
หู 15	Salaries, other compensation, employee benefits (Part IX	(, column (A), lines 5	i–10)			
Sec. 15 16a b	Professional fundraising fees (Part IX, column (A), Iine	e 11e)				
<u>.</u> b	Total fundraising expenses (Part IX, column (D), line 2	5) ▶				
17 17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f–24e)		62	2,06	76.70
18	Total expenses. Add lines 13-17 (must equal Part IX,	column (A), line 25)		84,04		79,665.09
1	Revenue less expenses. Subtract line 18 from line 12			381,38		136,410.07
				inning of Curi		End of Year
20 21 22	Total assets (Part X, line 16)		2	.084,17	2/1	2.534.679.61
21	Total liabilities (Part X, line 26)		.	UOT) I	// 0 	C) 3 30 6 (9.0)
三 22	Net assets or fund balances. Subtract line 21 from line		· ·	084,17	2 /1	2 521 17001
Part II	Signature Block	620	· 10,	007,17	2,61	16,536,617,DI
		1 11:				
	ies of perjury, I declare that I have examined this return, including act and complete. Declaration of preparer (other than officer) is based of	, , ,				my knowledge and belief, it i
	- 1 - 00 O 1.					
·:	Remett T. Justice					7-2017
Sign !	Signature of officer			Date	•	
lere		ISURER				
	Type or print name and title					
aid	Print/Type preparer's name Preparer's signate	ure	Date		Check	T if PTIN
Prepare					self-em	
Jse Onl	1			Firm'	s EIN ▶	
Jac Oili	Firm's address ▶			Phon		
May the IF	S discuss this return with the preparer shown above?	(see instructions)				Yes No
	ork Reduction Act Notice, see the separate instructions.	·	Cat No	11282Y		Form 990 (2016
. or a aperv	on the second restriction of the separate methodicals.	•	Oat 140			15250

Part			is Part III	
1	Briefly describe the organization's miss	esion:	is Fartiii	· · , · <u> </u>
•	-			5 A (2
			S FINANCIAL SUPPORT	
2	Did the organization undertake any sig			
-	prior Form 990 or 990-EZ?		· · · · · · · · · · · · · · · ·	Yes ⊠No
3	If "Yes," describe these new services of Did the organization cease conduction services?	ting, or make significant changes	in how it conducts, any program	Yes ⊠ No
	If "Yes," describe these changes on So			
4	expenses. Section 501(c)(3) and 501(c) the total expenses, and revenue, if any	(c)(4) organizations are required to re	of its three largest program services, as its eport the amount of grants and allocation.	measured by ns to others,
4a	(Code:) (Expenses \$ 79, 5	588.39 including grants of \$ 79	, 588, 39) (Revenue \$)
	PROVIDED FUNDING FOR	R TWO NEW SCHOLARSH	AWARDED SCHOLARSHIPS. HIPS AWARDED IN 2016.	
	ń			
4b	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	. <u></u>			
4d	-	g grants of \$) (Reve	nue\$)	
<u>4e</u>	Total program service expenses ▶	79,5 98 . 3 9		
			_ Fo	orm 990 (2016)

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_	ļ
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
-	Part III	5		×
6 ,	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			.,
, 7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_	 	×
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	Ь—	X
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		X
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.		ı'	
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		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		×
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		×
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 and XII	12a		×
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	\vdash	X
14 a		14a	\vdash	x
b		14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	-	T
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

Part	V Checklist of Required Schedules (continued)			9-
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	,	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	24a		X
	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	_	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		×
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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):		-	**
	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		_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 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		X
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," complete Schedule N, Part II	32		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_		- -
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	1990	(2016)

Form **990** (2016)

Part [®]					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	• •	· ·	
4	E. H.	4-1 -		Yes	No
_	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a O			
b C	Did the organization comply with backup withholding rules for reportable payments to	·			
C	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		10	- 17.4	<u> </u>
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a O			
b	If at least one is reported on line 2a, did the organization file all required federal employment to		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instr				*-
3ā	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" to line 3b, provide an explanation in Sci		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, o				
	account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin				
	(FBAR).				
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		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,00				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	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 pand convices provided to the payor?	partly for goods			
	and services provided to the payor?		7a		
,p	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for	r which it was	7b		
С	required to file Form 8282?	or willour it was	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund ma				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	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:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	440			
40-	- ·	11b	100		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		
b	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b			
13	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule		134		
b	Enter the amount of reserves the organization is required to maintain by the states in which	, . .			
J	the organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗶
Secti	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]		
	if the governing body delegated broad authority to an executive committee or similar			1 1
	committee, explain in Schedule O.	ŀ		
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 relationship with]		
	any other officer, director, trustee, or key employee?	2	X	[
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	L	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	N	/ A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	N	'A
b	Other officers or key employees of the organization	15b	N	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		ı l	
	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 evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19_	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the control of the con	erest i	policy	, and
_	financial statements available to the public during the tax year.		,	
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	orde	•	

Page	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor	r any relate	d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
Name and Thic	hours per					ıs both or/trust			compensation from	amount of
	week (list any			_				from	related	other
	hours for	걸린	l st	Officer	e)	뺽	₫'	the	organizations	compensation
	related	re è	[₫.	鱼	em	lest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	tor ia	8		Key employee	88		(44-27 1099-141130)		organization and related
	line)	irus	4	Ì	ye.	mp (}			organizations
		Individual trustee or director	Institutional trustee			sne		ļ		
			ĕ			Highest compensated employee		}	,	
										
(1) KENNETH L. JUSTICE, PRES, TREAS	7									
ATT REMICE ST. SUPPLY TO ST. T. T		×		X	'			0	•	0
(2) ELIZABETH F. JUSTICE, VP/ SEC	1.5									
·		×		X				0	0	0
(3) JULENE K. JOHNSON, DIR,	0.1									
		X						0	٥	
(4) JOHH MORRIS, DIR	0.1									
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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (conti	nued)		
						C)							•
	(A)	(B)	(do n	ot ch		ition more	e than o	опе	(D)	(E)		(F)	
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation from	1	stimate mount o	
		week (list any		T				— <u> — </u>	from	related		other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the organization	organizations (W-2/1099-MISC)	1	npensa from the	
		organizations	cto	ğ	-	夏	st cc	er	(W-2/1099-MISC)			ganızatı	
		below dotted	rus	al tr		oyee	omp		}			nd relate janizatio	
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(17)			<u> </u>	l	İ			1	}		1		
(18)			 	t-	-	├-		-	<u> </u>		 		
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(25)		 	-										
1b	Sub-total	L	l			<u> </u>	L	<u> </u>	0	0			0
c	Total from continuation sheets to Part						•	•			†		
d	₩.J. 17. J.J.P AC J.A. 3								0	0	$\overline{}$		0
2	Total number of individuals (including but	t not limited	to th	nose	e list	ed	above	e) w	ho received me	ore than \$100,0	00 of		
	reportable compensation from the organ		0					_					
_					_						. —	Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete of								-	="			
4													X
4	For any individual listed on line 1a, is the organization and related organizations												
	individual							., 			4		
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	froi	n any	un un	related organiz	ation or individu		+-	1
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedi	ıle J f	or s	such person	<u></u>	5		×
Section	n B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	oort compe	nsatio	on to	or tr	ne c	alend	ar y	ear ending wit	h or within the c	rganiza	tion's	tax
	year.												
	(A) Name and business add	Iress						ļ	(B) Description of se	ervices	Compe		
	Total number of independent of the							L	nan linta I				
2	Total number of independent contractor received more than \$100,000 of compens							th	iose listed abo	ove) who			
	Todated more than \$100,000 or compens	- IOIII		gari	-cu							,,,,, QC	0 (2016)
													- (-010)

Form 9	90 (2016	·				Page 9
Part	VIII	Statement of Revenue	1	5		
		Check if Schedule O contains a response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts ts	1a	Federated campaigns 1a				
ts, Grants Amounts	b	Membership dues 1b		[
λ, S	С	Fundraising events 1c	_			
Gifts, ilar Ar	d	Related organizations . 1d				
ons, Gift Similar	e	Government grants (contributions) 1e	_	}		
e të	f	All other contributions, gifts, grants, and similar amounts not included above 1f 130.203.6				
tributic Other	g	And similar amounts not included above 1f 130,203.6	2			
Contributions, and Other Sim	_	Total. Add lines_1a_1f	130,203,68			
-		Business Code			****************	
Program Service Revenue	2a					
e B	b					
Š	C					
န္	đ					·
gran	f	All other program service revenue .				
ē.	g	Total. Add lines 2a–2f	+	<u> </u>		
	3	Investment income (including dividends, interest	,			
į		and other similar amounts)	50,930,21	50,930,27		50,930,27
	4	Income from investment of tax-exempt bond proceeds ▶				<u> </u>
	5	Royalties				
	60	Gross rents				
	6a b	Less. rental expenses	-			
	C	Rental income or (loss)				
l	d	Net rental income or (loss)	-	1	-	
	7a	Gross amount from sales of (i) Securities (ii) Other				
]	assets other than inventory 317, 413.72				
	b	Less: cost or other basis				
		and sales expenses 282,472,51 Gain or (loss)	4			
	d	Gain or (loss)	34 001 21	34,941.21	_	34,941,21
	, u	Net gain or (loss)	27,941,61	56711.51		24,971.61
Other Revenue	8a	Gross income from fundraising events (not including \$				
ner Re		of contributions reported on line 1c). See Part IV, line 18 a				
₹	ı	Less: direct expenses b	-			
		Net income or (loss) from fundraising events . Gross income from gaming activities		 		
	Ja	See Part IV, line 19 a				; [
	ь	Less: direct expenses b	7			
	С	Net income or (loss) from gaming activities ▶		†	-	
	10a	Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b	\perp	1		
	c	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				ļ,
	11a					
	11a b		+			
	C			 		
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	216,075.16	85,871,48		85,871.48
						/ Form 990 (2016)

- 11/	 	al Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	III other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lii	ne in this Part IX		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			guneanon	
	and domestic governments. See Part IV, line 21.	79, 588, 39	79,588.39		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	12,300,37	(1) 100 (1) 1		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				<u></u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	Ì			
7					
7	Other salaries and wages			 	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)	, i			
12	Advertising and promotion				
13	Office expenses		·		
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 .	<u> </u>			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				· · · · · · · · · · · · · · · · · · ·
23	Insurance				
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 DIV, TRANSACTION FEES	76.70	-	76.70	-
b					
С					
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	79,665.09	79,588.39	76.70	
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				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2016)

Part X Balance Sheet Beginning of year End of year 169.623.83 1 1 407,996,[] 2 2 Savings and temporary cash investments . . . 3 ` Pledges and grants receivable, net . . . 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 Assets 7 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10c 11 2,126,682,90 11 Investments—publicly traded securities 1,914,549.78 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments – program-related. See Part IV, line 11 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 2,536,679.01 2,084,173,61 16 17 17 18 Grants payable. 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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 25 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 2,536,679.01 27 2,084,173,61 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-ın or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 2536,679.0 2,084,173.61

2.084.173.61

Part	XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	276	.0	75.	16
2	Total expenses (must equal Part IX, column (A), line 25)	2			65. c	
3	Revenue less expenses. Subtract line 2 from line 1	3			10,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2081			
5	Net unrealized gains (losses) on investments	5	316	300	<i>35:</i>	33 .
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					
		10	2,53	36.	679	ol.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	. <u>.</u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Counting Method used to prepare the Form 990: Cash Cash Cash Cash Cash Cash Cash Cash		_			
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain i	n	- 1		
	Schedule O.					
2a	,			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed o	or	ı		
	reviewed on a separate basis, consolidated basis, or both:		1	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on	a	1		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove			Ì		
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, expl	aın i	n	1		
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth i				
	the Single Audit Act and OMB Circular A-133?	•		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		•		Į	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lits.		3b		
				Form	990	(2016)



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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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Par		Reason for Public Cha		<u>′</u>	t comple	ata this n		
		zation is not a private founda			<u> </u>	·		115.
1	_	church, convention of churc		· ·		•	•	
2		school described in section						
3		hospital or a cooperative ho		•			• •	
4		medical research organization						(iii). Enter the
	ho	spital's name, city, and stat	e:					
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6	□ A	federal, state, or local gover	nment or govern	mental unit described	d in secti	on 170(b))(1)(A)(v).	
7	☐ Ar	n organization that normally escribed in section 170(b)(1)	receives a subs	stantial part of its sup				the general public
8	□ A	community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II)			
9	or	n agricultural research organ university or a non-land-gra iversity:	ization described int college of agr	d in section 170(b)(1) riculture (see ınstruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a land, city, and state of	and-grant college the college or
10	red Su	norganization that normally ceipts from activities related pport from gross investmen quired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 33½% of its
11		organization organized and		•		•	•	
12	⊠ Ar	organization organized and	operated exclus	sively for the benefit o	f, to perf	orm the fi	unctions of, or to car	ry out the purposes
		one or more publicly supponeck the box in lines 12a thro						
а		Type I. A supporting organ the supported organization						
		supporting organization. Y	ou must compl	ete Part IV, Sections	A and B	•		
b		Type II. A supporting orga control or management of						
		organization(s). You must						
С		Type III functionally integ its supported organization(ally integrated with,
d	X	Type III non-functionally in that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a dıstribı	ution requirement an	
е		Check this box if the organ functionally integrated, or 3						e II, Type III
f_		er the number of supported o						. a
g	Prov	ride the following information	n about the supp	orted organization(s)				
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
		BRIDGE COUNTY SCHOOL	N/A	school	×		50, 337,39	0
		COTEAGUE SCHOOL	N/A	SCH00L	×		29,251.00	0
(C)								
(D)								
(E)					; 			
Total						-	79,588.39	

18

Concad	E / (1 OHH 330 01 000 EE) E010	_					r age 🕳
Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	•
	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				-		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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		-				
	on B. Total Support		1	T	·	1	r
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re			-	ear as a section	
	on C. Computation of Public Suppor					1 1	
14	Public support percentage for 2016 (line 6		•			14	<u>%</u>
15 16-	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi					15 21x96 or more	shook this
16a	box and stop here . The organization qua					3.73 % OF ITIO1e,	> [
b	331/3% support test—2015. If the organization this box and stop here. The organization	zation did not	check a box c	on line 13 or 16	Sa, and line 15		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	016. If the org	anızation dıd r -and-circumst	ot check a bo ances" test, cl	x on line 13, 1 neck this box	and <mark>stop here</mark>	. Explaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organızat	this box and it ion qualifies as	stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support	<u> </u>		, , , , , , , , , , , , ,	,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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				٠. ا		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		-				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			<u> </u>		<u> </u>	
6	Total. Add lines 1 through 5	<u> </u>					
7a	Amounts included on lines 1, 2, and 3						
,	received from disqualified persons						
b	Amounts included on lines 2 and 3		ļ				
	received from other than disqualified]	}			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	•						
С 8	Add lines 7a and 7b						
0	line 6.)					, , , , , , , , , , , , , , , , , , , ,	
Secti	on B. Total Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(6) 2010	(0) 2014	(4) 2010	(0) 2010	(i) Total
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					:	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether]]		
	or not the business is regularly carried on						
12	'Other income. Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L. <u> </u>		L <u></u>			
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon				n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor					<u> </u>	<u> </u>
15	Public support percentage for 2016 (line 8			3. column (fl)		15	%
16	Public support percentage from 2015 Sch		•			16	%
	on D. Computation of Investment In				<u> </u>		
17	Investment income percentage for 2016 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2015		• •	•		18	%
19a	331/3% support tests-2016. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	33 ¹ /3%, and
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14	19a, or 19b,	check this box	and see instru	ctions >

1.4

Part IV Supporting Organizations

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

Section	A.	ΑII	Supporting	Org	janizations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El. numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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Part I	V Supporting Organizations (continued)				
			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	L		
ь	A family member of a person described in (a) above?	11b		×	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		Ŷ	
	on B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	L	LJ	
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part				
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u></u> .			
	supervised, or controlled the supporting organization.	2	L	L	
Section	on C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Section	on D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	X		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ł			
	supported organizations played in this regard.	3	X		
Section	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)	
-	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,	0.,0,,	0 //.	
a , b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın	struct	ions).	
2	Activities Test. Answer (a) and (b) below.			No	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Γ	163	110	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1		
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	2a		ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these				
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.				
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	 	†	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
	trustees of each of the supported organizations? Provide details in Part VI.	За			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	g trus nizati	t on Nov. 20, 1970 (explai ons must complete Section	n in Part VI). See ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	45,872,55	
4 Add lines 1 through 3.	4	45.872.55	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	} }		
collection of gross income or for management, conservation, or			i
maintenance of property held for production of income (see instructions)	6	62.06	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	45,812.49	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u>L</u>		
a Average monthly value of securities	1a	1,669,814.98	
b Average monthly cash balances	1b	305,506.35	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	1,975,321,33	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	1,975,321-33	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		-	
see instructions).	4	29,629. 8 2	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1,945,691.57	
6 Multiply line 5 by .035.	6	68,099,20	
7 Recoveries of prior-year distributions	7	_	
8 Minimum Asset Amount (add line 7 to line 6)	8	68,099.20	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		45,812,49
2 Enter 85% of line 1.	2		38,940,62
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		68,099,20
4 Enter greater of line 2 or line 3.	4		68,099,20
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		68,099.20
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	organization (see

Part		3) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		79,588.39
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	76,70
4	Amounts paid to acquire exempt-use assets			10770
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		 	79 11500
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	79,665,09 79,665,09 68,099,20
9	Distributable amount for 2016 from Section C, line 6			60 000.20
10	Line 8 amount divided by Line 9 amount			1.17
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			68,099.20
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.		-	
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015 60, 598.50			
f	Total of lines 3a through e	60,598.50		
g	Applied to underdistributions of prior years		_	
h	Applied to 2016 distributable amount			60,598.50
j	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		
4	Distributions for 2016 from Section D, line 7: \$ 79, 665.09			
а	Applied to underdistributions of prior years		-	
b	Applied to 2016 distributable amount			7,500.70
С	Remainder. Subtract lines 4a and 4b from 4.	72, 164,39		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		-	
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.	72,164.39		
8	Breakdown of line 7:			
a				
-	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e				
	Excess from 2016			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION D, LINE 2: THE JUSTICE-FRYE FOUNDATION, INC. AND ITS
SUPPORTED ORGANIZATIONS COMMUNICATE REGULARLY IN WRITING AND BY
PERSONAL CONTACT REGARDING PREVIOUS SCHOLARSHIP GRANTS,
AVAILABLE NEW SCHOLARSHIP GRANTS, AND AWARD PRESENTATION
EVENTS FOR EACH NEW GRANT.
PART IV, SECTION D, LINE 3: THE SUPPORTED ORGANIZATIONS HAVE
EXCLUSIVE RESPONSIBILITY FOR SOLICITING QUALIFIED SCHOLARSHIP
APPLICANTS AND SELECTING SCHOLARSHIP WINNERS FROM ALL
QUALIFIED APPLICANTS,
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Parti

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

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

1545-0047	16
OMB No	20

**%**□

X Yes

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Employer identification number 76-0649834 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance THE JUSTICE-FRYE FOUNDATION, INC.

the selection criteria used to award the grants or assistance?

۵ ۲	the selection criteria used to award the grants of assistances.  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	awaru ure grants ization's procedu	res for monitoring	the use of grant fur	nds in the United	States.		
Æ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	omestic Organizations of the transfer of the t	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete if uplicated if addition	the organization answinal space is needed.	rered "Yes" on Form
1 (a) N _S	1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (book, FMV, appraisal, cash assistance other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RO	(1) ROCKBRIDGE SOUNTY	V/2		50, 337.39			-	SCHOLARSHIPS
(2) CHI	(2) CHINCO TEANDE HIGH	A/N		29,251.00				SCHOLARSHIPS
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2 E	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and go	ernment organiza	tions listed in the l	ine 1 table .			් Č
- }	Enter total number of other organizations listed in the line 1	organizations liste	d in the line 1 table					0

Schedule I (Form 990) (2016)

Cat No 50055P

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

Schedule I (F	Schedule I (Form 990) (2016)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua	ils. Complete if the	organization answe	ered "Yes" on Form 990,	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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Part IV PART	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE Z. THE INSTICE-FRYE FOUNDATION, INC. REQUIRES COPIES OF INDIVIDUAL STODENTS OFFICAL	RYE FOUNDS.	aquired in Part I, line	e 2; Part III, column Po IRES COPIE	(b); and any other additions.	onal information.
1 ETTE	LETTERS OF ACCEPTANCE TO THEIR COLLEGES FOR INITIAL SEMESTER SCHOLARSHIP GRANTS, BEFORE	IR COLLEGI	ES FOR INIT	11AL SEMESTE	R SCHOLARSHIP (	GRANTS, BEFORE
9 5 8 ne	OUGS CRUENT SEMESTER SCHOLARSHIP GRANTS ARE MADE, STUDENTS ARE RECOURED TO PROUIDE	KSHIP GRA	NTS ARE M	ADE, STUDE	YTS ARE REQUI	RED TO PROVIDE
209165	SOPIES OF OFFICIAL GRADE REPORTS	}	R THEIR PR	EVIOUS SEM	FOR THEIR PREVIOUS SEMESTERS SHOWING THAT THEY	T#AT THEY
REMAI	REMAIN IA GOOD ACADEMIC STAN	DING AT	STANDING AT THEIR RESPECTIVE COLLEGES.	CTIVE COLL	EGES	
- ! - ! !						4.

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

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

THE JUSTICE- FRYE FOUNDATION, INC.	76-0649834
PART VI, SECTION A, LINE 2: KENNETH L. JUSTICE AN	ND ELIZABETH F.
JUSTICE ARE MIARRIED	
PART VI; SECTION A, LINE 9: DIRECTORS' ADDRESSES	
OR, JULEHE K. JOHNSON	
247 DOWNEY ST., SAN FRANCISCO, CA 94117	
· JOHN MORRIS	
1972 BIG SPRINGS DR. LEXINGTON, VA Z	4450
PART VI SECTION C, LINE 19 THE JUSTICE-FI	RYE FOUNDATION INC
MAKES ITS DOCUMENTS AVAILABLE UPON RE	QUEST. THERE WERE
NO SUCH REQUESTS DURING 2016.	
- -	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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