

990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2017

▶ Do not enter social security numbers on this form as it may be made public.
► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

> De	partmer	nt of the Treasury evenue Service	5	enter socia www.irs.g	_				•		•	ic.		spection	
A			dar year, or tax year				•	, 2017, 2					, 20		
В			Name of organization		TUSTICE	-FDYF	FDUM					D Employ		ation number	
Ē		ess change	Doing business as	SAME		1 17.42	1000	2011/				74-	06498	234	
Ē		Name change Number and street (or P O box if mail is not delivered to street a							Room/s	surte		76-0649834 E Telephone number			
Ē		l return	3801 VILLAGE	. VIEW	De				APT.	130	2	678	- 971-	-4884	
		return/terminated	City or town, state or p			P or foreign	postal	ode	<u> </u>						
Ē		nded return	GAINESVIL	LE GA	. 30	506						G Gross re	ceipts \$ 9	93,826.08	
	Appli	cation pending F	Name and address of p							Į,	l(a) is this a c			Yes No	
	• • •		KENNETH L.	JUSTIC	E	SAME	AS A	BOVE	M	_			-	☐Yes ☐ No	
ī	Tax-	exempt status	501(c)(3)	501(c) ().◀	(insert no.)			527		1f "N	lo," attach a	list. (see in:	structions)	
J	Web	site: ► h	N/A				P				H(c) Group	exemption	number >		
K			Corporation Trust	Associa	ation 🔲 Ot	her ►		L Yea	ar of form	ation.	2000	M State	of legal dor	nicile: TX	
	Part I			·											
	1	Briefly des	cribe the organizat	ion's miss	ion or m	ost signif	icant a	ctivities:	THE	E 3	SUSTI	CE-FR	YE FO	UNPATION,	
9	3	INC . P	ROVIDES FIN	ANCIA	L SU	PPORT	FO	8 CC	LLE	SE	SCHO	LARS	HIPS	·	
Antivities & Gavernance	<u> </u>	- /	·					<u>-</u>							
Š	2		box ▶☐ if the org						sposed	of m	ore than		its net as	sets.	
ć	3 3		voting members o	_	-	• .		•				3		4	
oi t	5 4		independent votin	-		-		•		o) .				2	
	5		per of individuals e			-	017 (Pa	art V, line	e 2a)			5		<i>o</i>	
1	6	Total numb	ber of volunteers (e	stimate if	necessai	y)			· 1			6		4	
Š	· · ·	a Total unrel	ated business reve	enue from	Part VIII		PVV	[]				7a		<u> </u>	
_		b Net unrela	ted business taxab	le income	rom For	m 990-1	line 3	4	ـــاد	; ·		7b			
					9	T VAL	0 21	110	द्र	L-	Prior Y			rent Year	
9	8		ons and grants (Par		1001	MAY 1	0 41)18	۲I ·	$\perp L$	30, 2 c	3.68	27	7,763.00	
Š	9		ervice revenue (Pa			• • •		· · · · · ·	É .	ļ				1-0	
o, co, co	10		t income (Part VIII,					117	- .	<u> </u>	85,87	7.48	5	0,639,54	
	11		nue (Part VIII, colu						⅃ ∴	-				145.63	
	12		ue-add lines 8 thr						ne 12)	1	16,0		32	8,40254	
	13		d similar amounts p	-						-	79,51	38.39		6, 080.39	
	14	-	aid to or for member	-			-	· · ·		<u> </u>					
7.000 CA	15		her compensation,		-			A), lines	5-10)	<u> </u>					
ğ	16		al fundraising fees	-	-	-	-								
į	ָרָב בֿ		raising expenses (F enses (Part IX, colu								<u></u>	7/ 70	T 0	7/ 7-	
	17 18	•	nses (Fart IX, cold	• • •			-	 		 	70	6.70		76.70	
	19		ess expenses. Sub						·) ·		17.5	65.09		6.003.69 2.322.15	
		nevertue te	ess expenses. Gub	i act line i	0 110111 111	10 12 .	<u> </u>			Regir	nung of Ci	urrent Year		d of Year	
\$ e	E 20	Total asset	ts (Part X, line 16)							L. =		19.01		2,991.47	
A884	E 21		ties (Part X, line 26)							3.20, £	217.01		7.803.75	
Net Asse	E 22		or fund balances.		ine 21 fro	m line 2	n		• •	2	5366	7001	2.91	6 117.86	
	art I		re Block					<u> </u>	<u>`</u>	16	220,0	77.91	_ 	1,111062	
_			I declare that I have ex	amined this r	return, inclu	iding accor	noanvino	schedules	s and stat	tement	s and to t	he best of n	ny knowieda	ne and belief, it is	
			e. Declaration of prepare										,	,	
		1													
S	ign	Signati	ure of officer	11							Da	nte			
Н	ere	1	comett L.	Jastice	\mathcal{P}	مماميي	4					15 M	AY 20	218	
		Type o	r print name and title	KENNE	TH L.	TUST	1C. E.	PRE	SIDEA	JT.			<u>,,,</u>	- 	
n	aid	Print/Type	preparer's name		Preparer's		- 			Date		Check	T # PTIN	ı	
	aiu repa	rer			1							self-emp			
	se O		ne ►								Fire	n's EIN ▶			
U	36 U	Firm's add										one no.			
М	ay the		this return with the	preparer s	shown at	ove? (se	e instr	uctions)					[Yes No	
Fo	r Pap	erwork Reduct	ion Act Notice, see	the separa	te instruc	tions.			Cat.	No 11	1282Y			Form 990 (2017)	

Form 990	0 (2017) Page 2
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
. 1	Briefly describe the organization's mission:
	THE JUSTICE-FRYE FOUNDATION, INC. PROVIDES FINANCIAL SUPPORT FOR
	COLLEGE SCHOLARSHIPS
	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?
	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 \$ 76,680.39 including grants of \$ 76,063.69) (Revenue \$)
,	CONTINUED FUNDING FOR FIVE PREVIOUSLY AWARDED SCHOLARSHIPS.
	PROVIDED FUNDING FOR TWO NEW SCHOLARSHIPS AWARDED IN 2017.
4b	(Code:) (Expenses \$ ' including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , , ,
•-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	-
	*
A-4	Other program convices (Deposition in Calendula C.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 77,000,000

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orm 99	0 (2017)	1	W /F	عظر Page
art	IV 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			
Ž	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	Â	
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		X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		K
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
•	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,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	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		_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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		133 Y 2742	7.
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		χ
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 167 If "Yes," complete Schedule D, Part VII	116		χ
C	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			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		Â
	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 _X
2 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
3 4 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		Ŷ
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1-765		_^
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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
	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
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 18

Part	V Checklist of Required Schedules (continued)			
	D. 1.1		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X _
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b	Y	
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	_ A	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
24'a	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		X
ь	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 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		×
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):	क्रिक् इक्क्ष		ر از را ن
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 X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29 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
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	<u></u>	X
33 34	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
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
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	35a		X
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	X	X
		For	m 99 0	(2017)

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> :		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	120	400	11/2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		3.4	
С	reportable gaming (gambling) winnings to prize winners?	1c	12	7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	277 2	rte Dr	A
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	14 mg 3 mg 4	10° 14°	٠, ٠,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		` -
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1300	5,115	127
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ľ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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]		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:		F 14. E.	1.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1. July	717	7
_	(FBAR).	-	120 367	-
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 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
J L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	}	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	04		1
	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	4 A.	,	, <u>.</u>
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1313		32,00
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was]	
_	required to file Form 8282?	7c	-> 5 >	57-6
d	If "Yes," indicate the number of Forms 8282 filed during the year	\$ 200	N. Salah	७स≢
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7b	-	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'9 (Mg)	distant.	, ,
	sponsoring organization have excess business holdings at any time during the year?	8	a* 441	
9	Sponsoring organizations maintaining donor advised funds.	· 5 5.	with.	1, 43
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 person?	9b		
10	Section 501(c)(7) organizations. Enter:	51. 17.	¥157	20° ×
а	Initiation fees and capital contributions included on Part VIII, line 12	المراجعة المالية	, p. 2 gr	4
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		4	ا جائے۔ الدائشوں
11	Section 501(c)(12) organizations. Enter:		30 T	£ 12.
a	Gross income from members or shareholders		324	, , '^ ,
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1	ه د د د د د د د د د د د د د د د د د د د	ايوا په اورا ايوا په اورا
100	against amounts due or received from them.)	12a	36°C	1,1,2
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1201	36.00	15.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	8 4 - 70.	5.70°	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.	200	(2, 4, 5,	生。
b	Enter the amount of reserves the organization is required to maintain by the states in which	1987	15.35	المرابعة مرطوا
	the organization is licensed to issue qualified health plans	1300	增低	1
C	Enter the amount of reserves on hand	3	1875 E	" (E.)
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 Schedule O	14b	<u>. </u>	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee insti	ructio	ons.			
Secti	on A. Governing Body and Management						
	4		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.	10年	到的				
ь 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?						
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		x			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6		X X X			
Ь	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:	1 - 1	- (1) (1)				
а b 9	The governing body?	8a 8b	N	<u>/A</u>			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		de l				
Secu	on b. Policies (This Section B requests information about policies not required by the internal reven		Yes	Nō			
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 filing the form?	11a		X			
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Su.				
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_X_			
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		X			
14 15	Did the organization have a written document retention and destruction policy?	14					
a b	The organization's CEO, Executive Director, or top management official	15a 15b	N N	/A /A			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	16a	100	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	**				
Secti	on C. Disclosure	المتتناب					
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, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c	c)(3)s	only)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>				
	KENNETH L. JUSTICE, 3801 VILLAGE VIEW DR., APT. 1302, GAINESVILLE, GA 3050	<u>Ь 67</u> Form	<u>8-9</u>	71~488 ((2017)			

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

Check if Schedule O contains a response or note to any line in t	
- Chack it Schadula () contains a response or note to any line in t	inie Dart VII
	4113 F GB L VIII

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 employees."
- 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 no	r any relate	d orga	anız	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individual or direct	unies	Pos neck sš pe	rson	that is Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kenneth L. Justice, PRES. /TREAS.	8	¥		x				0	0	0
(2) ELIZAGETH F. JUSTKE, VP/ SEC	1.5	Х		×				o	0	o
(3) JULENE K. JOHNSON, DIR.	0,1	X				Ţ		0	6	. 0
(4) JOHN MORRIS, DIR.	0.1	X						0	٥	0
(5)										
(6)										
(7)				-			-			
(8)								_		
(9)										
(10)										
(11)			 							<u></u>
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	s pe i a d	nore rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation related	fròm	(F) Estimated âmount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M			
(15)												· 	
(16)					_			-					
(17)				-									
(18)							_	_			-		
(19)			-						 		\dashv	 	
(20)				_		_		-					
(21)				_								··	
(22)			-	_	_			_					
(23)				_	_			_					
				_				_					
(24)				_	_							<u></u>	
(25)				,		٠.		<u></u>	.ö.				<u></u>
1b c	Sub-total	 VII, Sectio						>	0	 	0	0	
d 2	Total (add lines 1b and 1c)	t not limited						<u>▶</u>	rho received m		00,000	O of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direct	tor, o	or tr uch	ust	e, ividi	key e	emp	oloyee, or high	nest compe	nsate		No Y
4	For any individual listed on line 1a, is the organization and related organizations individual												X
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa lete	tion Sc <i>l</i>	fro: nedi	m any ule J	ur for s	nrelated organi: such person	zation or inc	dividua	al 5	
	n B. Independent Contractors										_ <u>-</u> -		
1	Complete this table for your five highest compensation from the organization. Repyear.												X
	(A) Name and business add	fress						-	(B) Description of s	services		(C) Compensation	_
2	Total number of independent contractor received more than \$100,000 of compens							o ti	hose listed ab	ove) who	m with the second		-

	990 (201 VIII	Statement of Reve						Page 9
		Check if Schedule C			Total revenue	S Part VIII (B) Related or exempt function	(C) Unrelated business revenue	(0) Revenue excluded from tax under sections
1 2 7	((() () () () () () () () ()	प्रदेशकार किया है। एक भन्निकी किन्दु परि की विकास कर प्रदेश			 	revenue		512-514
ts, Grants Amounts	1a	Federated campaigns	s	1a				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Gra Jou	b	Membership dues .		1b	1 (1 mg) 1 mg (1 mg) 1 mg		- 41 (1-814 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*434400 E
	C	Fundraising events .		1c	1. The AMESS - 2	The state of the s	rerection Asia	[TEL 427 PROPERTY
Gifts, llar Ar	d	Related organizations	s	1d		RETURN TO	· 医大豆 医皮肤	
ons, Gift Simllar	е	Government grants (cor	ntributions) (1e		随程证法	Contract Carlotter	Margaret Carlo
Contributions, and Other Sim	f	All other contributions, g and similar amounts not inc		1f 277 74360				The state of the s
5 D	g	Noncash contributions include	ded in lines 1a-	1f\$ 103 51730		1	12 12 12 12 12 12 12 12 12 12 12 12 12 1	197-1975 1985 · 1
SE	h	Total. Add lines 1a-1	f		277.763.00	ราวกระเรียบไร รัฐ	李祖 多野 近年的	· · · · · · · · · · · · · · · · · · ·
				Business Code	2 1 - A - A - A - A - A - B - B - B	1, 2	1 3 (2027) 785 7585	Sign Sales granted
Program Service Revenue	2a				- 5 14/-74		- 10 2 - 1 - 1 Min - 1	
<u>چ</u>	b				 	 	 	
ė					 	 -	 	
ِ چَنَ ۔	C			. 		 		
က္ဆ	d					 	_	
檀	e				 			ļ
õ	f	All other program ser		e	<u> </u>	<u> </u>	L	<u> </u>
	g	Total. Add lines 2a-2		<u> </u>	ļ	- 154- A	\$%\$ \$75(@) E	国的基质和17年
	3	Investment income		dividends, interest,		1	}	}
	1	and other similar amo	•	🕨	47,919,23	47,919,23		47,919,23
	4	Income from investmen	it of tax-exem	npt bond proceeds ▶		<u> </u>		
	5	Royalties		<u> </u>				<u> </u>
	1		(i) Real	(ii) Personal		1 12		- 375 Fred John 2 8
	6a	Gross rents				- " - " - " - " - " - " - " - " - " - "		The state of the s
	b	Less: rental expenses			The state of the s	· · · · · · · · · · · · · · · · · · ·		French Line 1
	c	Rental income or (loss)					N-18 F4 38 E E	经保险 到于
	d	Net rental income or	(loss)					(See 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7a	Gross amount from sales of	(i) Secuntie	s (ii) Other	13.60 335 132	PEC DE MICHAE	ر (13.5 بريز (۲۵.5 در ۱۳۶۰) . الاستان (۲۵.5 در ۱۳۶۰) . الاستان (۲۵.5 در ۱۳۶۰) . الاستان (۲۵.5 در ۱۳۶۰)	Tion James Wiley
		assets other than inventory	415 01	254	Tank Turn Military	5- 12% A-1	A STATE OF THE STA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ь	Less: cost or other basis	665,42	224				TO MAN TO SEE THE PARTY
	-	and sales expenses .	662,70	272	والمناسبة والمناسبة والمناسبة والمناسبة			a sa
İ		Gain or (loss)			· 一			The facility of the state of th
	0	•	2,72		Lucid de Daniel	0 772 71		2320 71
	d	Net gain or (loss) .		· <u>- · · · · · · · · · · · · · · · · · ·</u>	2,720.31	2,720,3(2,720.31
enne	8a	Gross income from fu	undraising		ام به این از آن آنها آن این به این از آن از این از			
376		events (not including \$		-	Lange of the second of the sec	San Miles Jan Barren	學是其實際是	[[1] [[1] [[1] [[1] [[1] [[1] [[1] [[1]
Other Reve		of contributions reporte		· •	الله عدرية أعدي ما وعاديا	IN PROPERTY	经过的数据的	
her		•		~ 	المام المرابع ا المرابع المرابع	To Carlo Sont		
ö	b	Less: direct expenses			PERMITS TO THE		The field of the first	"特得是我的最后,你是
-	C	Net income or (loss) f			<u> </u>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	9a	Gross income from ga See Part IV, line 19				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	ь	Less: direct expenses	s.,	Ь	16. 推定的扩展	Elas Later Character	Marie Care de la Case	Eligible Section of the
	C	Net income or (loss) f			1	110 200 820 4	, , , , , , , , , , , , , , , , , , , ,	
	10a	Gross sales of in			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 - Sit P de 1181	magas graderi	1. de (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		returns and allowance		а	The second second			10000000000000000000000000000000000000
ļ	h	Less: cost of goods s			-110 -117 - 70 "			Str. Spring to the street
	ь	Net income or (loss) fi				r trans = 3 - 2	[
	- 3	Miscellaneous R		Business Code	" - 10 - " - 10 " - 10 - 10 - 10 - 10 -	J-8 1	1 522 1-51 1-3 1 522 1-51 1-3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	44-				الرابعة المسلم		15 N. B. S. S. G. S.	ا الله الله الله الله الله الله الله ال
	11a	EQUITIES CLASS ACT	tion settl	E. 611710	145.63	145.63		145.63
Ì	b				 	 	 	
İ	C	A II			ļ			
Ì	d	All other revenue .		<u> </u>	 	<u> </u>		
	е	Total. Add lines 11a-			145.63		最高级。·	
	12	Total revenue. See in	nstructions.	<u> </u>	329,40252	50,78517		50,785.17
								Form 990 (2017)

Part IX Statement of Functional Expens
--

36000	Check if Schedule O contains a respon				
<u> </u>	Check it Schedule O contains a respon	Se of flote to arry iii		/c)	
Bb, 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	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	76,003.69	76,003,69		
2	Grants and other assistance to domestic individuals. See Part IV, line 22			[17] """ 17 June 2011 - 17 15 A. J. 17 16 A. J.	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			erse training the seems.	The state of the s
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 10	Other employee benefits				
11 a b	Management				
c d	Accounting				
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			The state of the s	·
12 13	Advertising and promotion				
14 15	Information technology				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21 22	Payments to affiliates				
23 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.)				
a b c	FOREIGH DIV. TRANSACTION FEES	76,70		76,70	
d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e 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 Infollowing SOP 98-2 (ASC 958-720) Inf	76,980.39	76,063,69	76.70	
					5 000 mis 7

. Р.	art X					 _		
		Check if Schedule O contains a response o	r note to any line in this Pa	art X		<i>.</i>		
				(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing		407,996.11	1	1.155,930.4		
İ	2	Savings and temporary cash investments			2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net			4			
	5	Loans and other receivables from current and	former officers, directors,	S R C C C	J. 1	11. 15 11 11 11 11 11 11 11 11 11 11 11 11		
		trustees, key employees, and highest conceplete Part II of Schedule L	ompensated employees.	ومحالية ميريال المطهل أيتاهما	5			
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Scho	nd contributing employers and ntary employees' beneficiary		6			
Assets	7	Notes and loans receivable, net			7			
Ass.	8	Inventories for sale or use			8			
•	9	Prepaid expenses and deferred charges			9			
_	10a	. · · · · · · · · · · · · · · · · · · ·	1 1	1	1 5,	Transaction No. 197		
		other basis. Complete Part VI of Schedule D	10a	West and State of	ر از از الأعلم			
	b	Less: accumulated depreciation	10b	The region of the section	10c	Jan Carling was an graph hay		
	11	•		0 12/ /02 04		1701 001 117		
	12	· •		2,126,682.90	12	1,786,991.47		
	13	•	nvestments—other securities. See Part IV, line 11					
	14	Intangible assets			13	 		
	15	Other assets. See Part IV, line 11			15	 		
	16	Total assets. Add lines 1 through 15 (must equ		2 (3/ /70 0)	16	0 012 021 (1		
-	17	Accounts payable and accrued expenses		2,536,672.0	17	2,942,921.61		
	18	Grants payable		<u> </u>	18	2700275		
	19	Deferred revenue			19	4,003.13		
i	20	Tax-exempt bond liabilities			20	<u> </u>		
	21	Escrow or custodial account liability. Complete			21	 		
				(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DEMONSTRATE CHART CARE		
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper disqualified persons. Complete Part II of Schedu	nsated employees, and	# - 전, 많이 반복이 - 이 - 없고				
ia	23	Secured mortgages and notes payable to unrela		<u> </u>	23	<u> </u>		
_	24	Unsecured notes and loans payable to unrelated			24	 		
		Other liabilities (including federal income tax,	•		24	 		
	25	parties, and other habilities not included on lines of Schedule D			25			
	26	Total liabilities Add lines 17 through 05			26	27 903 75		
	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🛣 and	1 7 At 15 Th	20	E1,000,115		
Ses		complete lines 27 through 29, and lines 33 an	d 34.					
ā	27	Unrestricted net assets		2,536,6790	27	2,942,921,61		
B	28	Temporarily restricted net assets		ļ	28			
2	29	Permanently restricted net assets			29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), check here ► 📋 and		1			
2	30	Capital stock or trust principal, or current funds			30			
386	31	Paid-in or capital surplus, or land, building, or ed			31			
ğ	32	Retained earnings, endowment, accumulated in			32			
Š	33	Total net assets or fund balances		2,536,679.01	33	2,942,921.61		
	34	Total liabilities and net assets/fund balances .	<u></u>	2.536.679.01	34	2,942,921,61		
						Form 990 (2017)		

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	328	40	2,52
2	Total expenses (must equal Part IX, column (A), line 25)	2	76	080	2, 39
3	Revenue less expenses. Subtract line 2 from line 1	3	252	.323	15
ŧ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	2,536	679	101
5	Net unrealized gains (losses) on investments	5	153		
Š	Donated services and use of facilities	6		<u> </u>	
7	Investment expenses	7			
3	Prior period adjustments	8			
•	Other changes in net assets or fund balances (explain in Schedule O)	9			
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	- }			
		10	2,947	2,92	1.6
art	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
	Accounting method used to prepare the Form 990: 🛣 Cash 🔲 Accrual 🔲 Other		7.32	- TV	7.
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain in	F. F.	1 2	- 18 m
	Schedule O.			18,00	-
a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed or	1		-17
	reviewed on a separate basis, consolidated basis, or both:		South		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		7474-3	S. 1.	
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		' - '''.≱V	l ba
	separate basis, consolidated basis, or both:		Property of		ļ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		15.7.3		أحدث
C	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	L	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, expl	ain in	4	1	鑑ま
	Schedule O.		34. 48	1	
a	As a result of a federal award, was the organization required to undergo an audit or audits as set to the Single Audit Act and OMB Circular A-133?	orth in	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the	.		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 99 0	120

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE JUSTICE- FRYE FOUNDATION, INC 76-0649831 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. d X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
			Yes	No	· .	0
(A) ROCKBRIDGE COUNTY HIGH SCHOOL	N/A	SCHOOL	×		46,373.94	0
(B) CHINCO TEAGUE	N/A	SCHOOL	y		46,373.94 29,629.75	0
(C)						
(D)						
(E)						
Total L	· · · · · · · · · · · · · · · · · · ·	TOTAL SERVICE STATES			76.003.69	٥

Schedu	le A (Form 990 or 990-EZ) 2017						Page 2
Part	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	- quamy arras		Болон, р	.ouoo oompie	<u>, , , , , , , , , , , , , , , , , , , </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(2) 23 1	(4) 20 (6)	(4) 2010	(0) 20	P
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	المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية	is the second of	100	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To the transfer	
Secti	on B. Total Support	<u> </u>					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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			, , , , , , , , , , , , , , , , , , ,	Page 1	6 5 7 1	
12	Gross receipts from related activities, etg					12	
13	First five years. If the Form 990 is for the	he organizatıoı	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	ere	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2017 (line					14	%
15	Public support percentage from 2016 Sc					15	%
16a	331/3% support test—2017. If the organization qua						check this
þ	331/3% support test—2016. If the organ this box and stop here. The organization					is 33 ¹ / ₃ % or m	
17a b	10%-facts-and-circumstances test—2 10% or more, and if the organization ment the organization meets the organization meets the organization meets—2 10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization meets—2	eets the "facts" "facts-and-circ 	and-circumst cumstances" to anization did r	ances" test, clest. The organics. not check a bo	heck this box azation qualifie	and stop here s as a publicly 16a, 16b, or 17	Explain in supported
	Explain in Part VI how the organization in	meets the "fac	ts-and-circum	stances" test.	The organizat	ion qualifies as	a publicly

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

Schedule A (Form 990 or 990-EZ) 2017

Part							
	(Complete only if you checked the						under Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	<u> </u>	
	on A. Public Support						
_	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016 -	(e) 2017	(f) Total
1	Gifts grants, contributions, and membership fees	}					
_	received. (Do not include any "unusual grants")					ļ	/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1]]	/	
	furnished in any activity that is related to the		}		ļ		-
	organization's tax-exempt purpose .				Ĺ		
3	Gross receipts from activities that are not an		İ		1		
	unrelated trade or business under section 513			1		``	
4	Tax revenues levied for the		ļ			l	
	organization's benefit and either paid to	Ì					
	or expended on its behalf						
5	The value of services or facilities	,					
	furnished by a governmental unit to the			/	1 ^r _	1	_
-	organization without charge	1 -	1)	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	,					
,	received from disqualified persons .]		1		
b	Amounts included on lines 2 and 3						
	received from other than disqualified	ł				ĺ	
•	persons that exceed the greater of \$5,000	}				i	' [
	or 1% of the amount on line 13 for the year			{		}	
C	Add lines 7a and 7b	[/				
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support	/					
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,]				
	royalties, and income from similar sources . /	1)	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ		1		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		,				
	activities not included in line 10b, whether					Ì	1
	or not the business is regularly carried on	1)	}
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI.) . /	1	Ì			1	1
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) /]			ļ		
14	First five years./If the Form 990 is for the	he organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a se	ction 501(c)(3)
	organization, check this box and stop he	-			•		• 🗀
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2017 (line			3. column (f))		15	%
16	Public support percentage from 2016 Sc.					16	
	on D. Computation of Investment In						
17	Investment income percentage for 2017			v line 13. colur	nn (fl)	17	%
18	Investment income percentage from 2010						
19a	331/3% support tests—2017. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization di			· ·	-		-

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. All	Supporting	Organizations
----------------	------------	---------------

ecti	on A. All Supporting Organizations			
			Yes	No
1	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.	1	×	
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	,	ע
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	A .
oa	(b) and (c) below.	3a		نندنا ا
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	7) 8	7
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	·	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	· · · · · ·	X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	1, 1 ₀	
С	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 used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	- 10 mg 11 mg 12 m	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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 EIN 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 action was accomplished (such as by amendment to the organizing document).	5a		iller
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		3·1 ,
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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 benefited		, , "	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		X
7	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	-	1 1	
8	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?	7		X
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	, , 	· •
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			X
100		9с		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			-

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	adla d		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1 31	1	A PARTY OF
•	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		λ
с	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		X
Secti	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	,,,	1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1.79	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	h h inti	ne .
	controlled the organization's activities. If the organization had more than one supported organization,	7	5,1461	ا بن الت
	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 1 1 1 1 1 1	lg 132 ' 0 } '>lc	82
	· · · · · · · · · · · · · · · · · · ·	1	L	
2	Did the organization operate for the benefit of any supported organization other than the supported		123	15.75
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	10		
_	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	作 門		
	supervised, or controlled the supporting organization.	2		L
Secti	on C. Type II Supporting Organizations		, -	
_		Mar PARTE NO	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	iden i		
	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).	No.	Y	
<u>~</u>		1		L
Secti	on D. All Type III Supporting Organizations		V	N-
	Did the assessment on assessed to each of the example of assessment on a level to be last day of the fifth wealth of the	Land Bullet	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	4		No. of
	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?	- 06	経済が	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		A STATE OF THE STA	od kaller, Mr.
2	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).	2	TOTAL CO.	
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			
	supported organizations played in this regard.	3	X	The second
Secti	on E. Type III Functionally Integrated Supporting Organizations			
				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nistru(JUONS	s).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	<i>.</i>		
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.	[Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	14. 30		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Alternative	श्रात्यक्षणाः सर्वे स्वाप	10°, 7'
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			WIE THE
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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.	3a]	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	No.	THE LANGE	ستال
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b)	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	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			
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	50,930,26	
4 Add lines 1 through 3.	4	50,930,26	
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			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	76,70	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	50,853,56	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		The state of the s	
a Average monthly value of securities	1a	1,823,224.89	
b Average monthly cash balances	1b	264,355,70	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	2,087,580,59	
e Discount claimed for blockage or other	18 1		
factors (explain in detail in Part VI):			- A Touth
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	2,087,580,59	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	31, 313,71	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2,056,266,88	
6 Multiply line 5 by .035	6	71,969,34	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	71,969.34	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		50,853,56
2 Enter 85% of line 1.	2	Control of the Contro	43,2255
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		71,969.34
4 Enter greater of line 2 or line 3.	4	The state of the s	71,919,34
5 Income tax imposed in prior year	5	and the second of the second of	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Nect to the state of the state	
emergency temporary reduction (see instructions).	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71,969.34
7 Check here if the current year is the organization's first as a non-functional	ly ın	tegrated Type III supporting	organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	rage #
	on D - Distributions	7	(00.11.1000)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		76,003.69
2	Amounts paid to perform activity that directly furthers exe		orted	10,000,09
•	organizations, in excess of income from activity	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		76,70
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets .	· .	,	
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.			76.080,39
8	Distributions to attentive supported organizations to which	ch the organization is re-	sponsive	
	(provide details in Part VI). See instructions.		·	76,080,39
9	Distributable, amount for 2017 from Section C, line 6 ·		<u>, </u>	71,969,34
10_	Line 8 amount divided by line 9 amount	·	,	1.06
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	The state of the s	THE THE PARTY OF T	71,949.34
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		The state of the s	
а	The state of the s		CENTRAL PROPERTY OF	
b	From 2013			
C	From 2014	the market was asset to be the mile the police	THE RESERVE OF THE PARTY OF THE	
d	From 2015		与1997年中国	
е	From 2016		THE REPORT OF THE PARTY OF THE	
f	Total of lines 3a through e	72,164,39		
g	Applied to underdistributions of prior years	一一一 是一个一个一个一个	-	
h	Applied to 2017 distributable amount		· · · · · · · · · · · · · · · · · · ·	71.969.34
i_	Carryover from 2012 not applied (see instructions)	A STATE OF THE PROPERTY OF THE		1450年156日 1560年156日
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	195.05		多种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种
4	Distributions for 2017 from			
	Section D, line 7: \$ 76,080.39			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	The state of the s		Company with the Color of the C
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	76,080,39		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result		_	
	greater than zero, explain in Part VI. See instructions.			市の大学をある中で、東京の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			_
7	Excess distributions carryover to 2018. Add lines 3	The state of the s	THE PROPERTY OF THE PARTY OF TH	74-276 \ N(3*** No.) *8745 N.
•	and 4c.	74 276 UN	Charles and the State of the St	
8	Breakdown of line 7:	76:275:44	· · · · · · · · · · · · · · · · · · ·	公司 12 12 12 12 12 12 12 12 12 12 12 12 12
a	Excess from 2013		THE TALL OF THE TA	The desired who are the first than the second of the secon
b	Excess from 2014	This "Price Stilling To the shape of the life has	And the state of t	Comments of the second
	Excess from 2015	The same transmission of the state of the st	parter service sign of the service of the following	Short that the brings have been
<u>q</u>	Excess from 2016	· · · · · · · · · · · · · · · · · · ·	11-11-11-11-11-11-11-11-11-11-11-11-11-	Salar and the sa
e e	Excess from 2017	14 18 m 19 19 19 19 19 19 19 19 19 19 19 19 19		The state of the s
	LACCOUNCINEOUT	para in service state of a se	Fire the same was fire	THE PROPERTY OF STREET

Part VI	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
ORGA	NIZATIONS COMMUNICATE REGULARLY IN WRITING AND BY PERSONAL
CON	TACT REGARDING PREVIOUS SCHOLARSHIP GRANTS, AVAILABLE NEW
SCHO	LARSHIP GRANTS, AND AWARD PRESENTATION EVENTS FOR EACH
NE	W GRANT.
PA	RT IV, SECTION D, LINE 3: THE SUPPORTED ORGANIZATIONS HAVE
EX	LUSIVE RESPONSIBILITY FOR SOLICITING QUALIFIED APPLICANTS
Fo	R NEW SCHOLARSHIPS AND SELECTING SCHOLARSHIPS' WINNERS
F	OM ALL APPLICANTS.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 20 1 7 Open to Public	
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Inspection

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number 76 -0649834 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FOURDATION JUSTICE - FRYE Part とまる

990, Part IV, line 21, 1or any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	or any recipient	rnat received m	iore than \$5,000.	Part II can be d	Iuplicated if addition	nal space is needed.	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(6) Amount of non-cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROCK BRIDGE COUNTY MEH							
SCHOOL, LEXMETON, VA	۸/ X		46.450.64				SCHOLARSHIPS
(2) CHINCOTE AGUE HIGH SCHOOL	4.				-		
CHINCO TEASUE, VA	N/A		29,629,75		-		SCHOLARSHIPS
(6)			.,		,		•
(4)	,			,		•	
(9)	•)			
(9)							
(2)					-		
(8)							
(6)							
(10)							
1441							
(11)							
(12)							
Ì							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	ations listed in the l	ne 1 table			↓
3 Enter total number of other organizations listed in the line 1 table	rganizations listec	in the line 1 table	le				0

Schedule I (Form 990) (2017)

Cat No 50055P

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

Part III Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of	mestic Individua space is needed (b) Number of	ils. Complete if the	organization answ	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. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of (d) Description of (d) Amount of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (e) Method of valuation (book, (f) Description of (f) Descriptio	Part IV, line 22.
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
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PART I , LING 2 .: Acceptance to tr	PART I , LING 2 : THE JUSTICE-FRYE FOUN	×	ION, INC. KEQ	UIRES COPIES	PATION, INC. REQUIRES COPIES OF STUPENTS' OFFICIAL LETTERS. INITIAL SEMESTER SCHOLARSHIP GRANTS. BEFORE SUBSEQUEN	E FOUNDATION, INC. REQUIRES COPIES OF STUPENTS' OFFICIAL LETTERS OF FOIR INITIAL SEMESTER SCHOLARSHIP GRANTS. BEFORE SUBSEQUENT
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						Schedule I (Form 990) (2017)

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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

THE JUSTICE-FRYE FOUNDATION, INC.	76-0649834
PART VI, SECTION A, LINE 2 : KENNETH L. JUSTI	
JUSTICE ARE MARRIED	
PART VI, SECTION A, LINE 9: DIRECTORS' ADDR	
- DR, JULENE K. JOHNSON	
247 DOWNEY ST., SAN FRANCISCO, CA 94	
· John Morris	
1972 BIG SPRINGS DR., LEXINGTON, VA 2	
PART VI, SECTION C, LINE 19 THE JUSTICE	
MAKES ITS POSUMENTS AVAILABLE UPON	
NO SUCH REQUESTS DURING 2017.	
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Schedule O (Form 990 or 990-EZ) (2017)	í	Page 2
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