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## <sup>2</sup> Form **990-PF**

## **Return of Private Foundation**

# or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service
For calendar year 2009

OMB No 1545-0052

2009

FOI	Jaien	dar year 2009, or tax yea	ir beginning		, and ending		
G (	heck	all that apply:	Initial return		ormer public charity	Final retur	n
		Name of foundation	Amended return	Address chan	ge	Name change  A Employer identificatio	n number
	the abel	ino				A Employer Identificatio	ii iiuliivei
	abei. erwi:		MORIAL FOUND	ΑΤΤΟΝ		54-604859	7
	print		O box number if mail is not de		Room/suite	B Telephone number	<u> </u>
0	r type	11832 ROCE	K LANDING DR	IVE, SUITE 1	06	7572405650	)
	Spe	City or town, state, a				C If exemption application is	
Inst	ructio	NEWPORT NE		06		D 1. Foreign organization	
H (	heck		X Section 501(c)(3) ex			Foreign organizations m check here and attach or	
	_	ction 4947(a)(1) nonexem	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda	ation		
l Fa	_	rket value of all assets at e			X Accrual	E If private foundation structure under section 507(b)(1	
		Part II, col. (c), line 16)	·	ther (specify)		F If the foundation is in a	• •
	\$			mn (d) must be on cash i	basis.)	under section 507(b)(1	
Pa	ırt I	Analysis of Revenue an (The total of amounts in colu- necessarily equal the amoun	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amoun	its in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grant		125,275.		N/A	
	2		in is not required to attach Sch. 8	4 504	4 561		GD3 DD3(=================================
	3	Interest on savings and tempo cash investments		1,594.	1,594		STATEMENT 1
<b>⊇</b>	4	Dividends and interest fro	om securities	227,614.	227,614.		STATEMENT 2
<u> </u>	5a	Gross rents					
NOV @ 4⊱ Z Revenue	b	Net rental income or (loss)		522 555			
	6a	Net gain or (loss) from sale of Gross sales price for all		<533,575.	>		<del> </del>
≥َوَ	_b	assets on line 6a	1,039,359.		0		
욹	′	Capital gain net income (from			0,		
	8	Net short-term capital gai	ın				-
<u> </u>	10-	Income modifications Gross sales less returns	I				_
CONNED		and allowances					
Æ.		Gross profit or (loss)					
		Other income		2,100.	2,100.		STATEMENT 3
	12	Total. Add lines 1 throug	ıh 11	<176,992.		<del>+ ·· · · - · - · - · - · - · - · - ·</del>	DIMILINI 5
	13	Compensation of officers, dire		0.	0.		0.
	14	Other employee salaries a					
	15	Pension plans, employee	_			RECEIN	(ED
enses		Legal fees				THE STATE OF THE S	L U
ë	h	Accounting fees	STMT 4	6,750.	0.	(n)	0 0.
Exp	C	Other professional fees	STMT 5	54,629.	54,629	8   NOV 0 1	2010 0.
ě	17	Interest		•			38
Administrative	18	Taxes	STMT 6	2,839.	2,364.	OGDEN	UT 0.
nist	19	Depreciation and depletio	n			100616	
Ē	20	Occupancy					
ĕ	21	Travel, conferences, and	meetings				
and	22	Printing and publications					
Operating and	23	Other expenses	STMT 7	34,265.	23,802.	,	0.
rati	24	Total operating and adm	inistrative				
ğ		expenses Add lines 13 to		98,483.	80,795		0.
·		Contributions, gifts, grant		140,607.			365,607.
	26	Total expenses and disb	ursements	000 000	00 505		265 605
	07	Add lines 24 and 25	. 40.	239,090.	80,795.	,	365,607.
		Subtract line 26 from line		416 000			
		Excess of revenue over expen		<416,082.	> 150,513.		
		Net investment income (			130,313	N/A	
9235		Adjusted net income (if no	· · · · · · · · · · · · · · · · · · ·	Act Notice coathe instruct	lione.	IN/M	Form <b>990-PF</b> (2009)

NOLAND MEMORIAL FOUNDATION

54-6048597

Page 2

	and Losses for Tax on	investment						3597	Page :		
	cribe the kind(s) of property sold (e varehouse; or common stock, 200 s			( <b>b)</b> How a P - Purd D - Don	cquired hase ation	(c) Date ac (mo., day	quired , yr.)	(d) Date (mo., da	sold y, yr.)		
1a'											
b SEE ATTACHEI	) STATEMENT										
_c 	<del></del>						-				
e								_			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				or (loss) f) minus (q	<b>j</b> )			
a											
<u>b</u>											
d											
e 1,039,359			1,024,41	9.				<533	575		
	ring gain in column (h) and owned b				(1)	Gains (Col	(h) gain r		<u> </u>		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		col.		col. (k), but not less than -0-) Losses (from col. (h))			-0-) or	
a											
b											
<u>c</u>	<u> </u>										
<u>d</u>			<del></del>	<del></del>				<533	<b>575</b>		
<u>e                                      </u>	C 16 annu alan and	l Death bear		$\overline{}$	Ι			<555	373		
2 Capital gain net income or (net o	capital loss)   If (loss), enter	ter in Part I, line 7 -0- in Part I, line	/ 7	}   <sub>2</sub>				<533	575		
	oss) as defined in sections 1222(5)		•	<sup>7</sup>							
If gain, also enter in Part I, line 8		and (0).		<i>]</i>							
If (loss), enter -0- in Part I, line 8	3			] 3	<u> </u>		N/A				
<del></del>	Under Section 4940(e) fo				nent inc	ome					
For optional use by domestic priva	te foundations subject to the section	1 4940(a) tax on	net investment ind	come.)							
If section 4940(d)(2) applies, leave	this part blank.										
Was the foundation liable for the se	ction 4942 tax on the distributable a	emount of any ve	ar in the base peri	od?				Yes	X No		
	alify under section 4940(e). Do not o						,				
	n each column for each year; see ins			s.							
(a) Base period years Calendar year (or tax year beginn	(b) ning in) Adjusted qualifying d	istributions	Net value of non	(c) icharitable	use assets	(C	Distribu ol. (b) divid	( <b>d)</b> ition ratio ded by col. (	c))		
2008		04,107.	. <u>.</u>		1,520				224		
2007		75,057.			),939,875.						
2006	1 7										
		02,559.		9,93	1,198				074		
2005	2	02,559. 38,732.		9,93 8,83	1,198 1,996			.02	074 703		
	2	02,559.	•	9,93 8,83	1,198			.02	074 703		
2005 2004	2	02,559. 38,732.		9,93 8,83	1,198 1,996			.02	074 703 228		
2005 2004 2 <b>Total</b> of line 1, column (d)	2	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996			.02	074 703 228		
2005 2004 2 Total of line 1, column (d) 3 Average distribution ratio for the	2 1 2 5-year base period - divide the tota	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996			.02	074 703 228 658		
2005 2004 2 <b>Total</b> of line 1, column (d)	2 1 2 5-year base period - divide the tota	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2		.02	074 703 228 658		
2005 2004  2 Total of line 1, column (d)  3 Average distribution ratio for the the foundation has been in exist	2 1 2 5-year base period - divide the tota	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2		.02	074 703 228 658 731		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist.  I Enter the net value of noncharita	2 1 e 5-year base period - divide the tota ence if less than 5 years	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2		.02 .02 .18 .03	074 703 228 658 731 984		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist. 4 Enter the net value of noncharital	2 1 e 5-year base period - divide the tota ence if less than 5 years	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2		.02	074 703 228 658 731		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	2 1 e 5-year base period - divide the tota ence if less than 5 years able-use assets for 2009 from Part X	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	3 4 5		.02 .02 .18 .03 7,443	074 703 228 658 731 984 787		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	2 1 e 5-year base period - divide the tota ence if less than 5 years able-use assets for 2009 from Part X	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2 3		.02 .02 .18 .03 7,443	703 228 658 731 984 787		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	2 1 e 5-year base period - divide the tota ence if less than 5 years able-use assets for 2009 from Part X	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2 3 4 5 6		.02 .02 .18 .03 7,443, 277,	787 505		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3 6 Enter 1% of net investment inco	2 1 e 5-year base period - divide the tota ence if less than 5 years able-use assets for 2009 from Part X	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	3 4 5		.02 .02 .18 .03 7,443	074: 703( 228' 658' 731' 984 787		
2005 2004  2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in exist 4 Enter the net value of noncharita 5 Multiply line 4 by line 3	2 1 2 5-year base period - divide the total ence if less than 5 years able-use assets for 2009 from Part X	02,559. 38,732. 57,432.		9,93 8,83 7,06	1,198 1,996	2 3 4 5 6		.02 .02 .18 .03 7,443, 277,	703 228 658 731 984 787 505		

923521 02-02-10

_	990-PF (2009) NOLAND MEMORIAL FOUNDATION rt VI   Excise Tax Based on Investment Income (Section 494	Ma) 4940(h) 4940(e) or 4	54-6	048597	7 Justin	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here					
	Date of ruling or determination letter: (attach copy of letter if nec					-
-•b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		1.5	05.
_	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	· ·	2			_0.
3	Add lines 1 and 2		3		1,5	05.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1,5	05.
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 4,440.				
b	Exempt foreign organizations - tax withheld at source	6b				
C	Tax paid with application for extension of time to file (Form 8868)	6c				
d	Backup withholding erroneously withheld	6d				
7	Total credits and payments. Add lines 6a through 6d		7		4,4	40.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8			_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. ▶	10		2,9	<u>35.</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	2,935. Refunded ▶	11			0.
Pa	rt VII-A Statements Regarding Activities		<u></u>	<del> ,</del>	,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or intervene	ın		Yes	No
	any political campaign?			1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for definition)?		<u>1b</u>	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any materials publishe	d or		1	
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation. > \$ (2) On foundation managers					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	liture tax imposed on foundation				
	managers. ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the I	RS?		_2	ļ	X
	If "Yes," attach a detailed description of the activities.					ĺ
3	Has the foundation made any changes, not previously reported to the IRS, in its governing		or		İ	l
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			_3_	-	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a	<b></b>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/		+	<del> </del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year's	?		5	<del> </del>	X
_	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:			1	
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the state	e iaw			
_	remain in the governing instrument?			6	X	<u> </u>
1	Did the foundation have at least \$5,000 in assets at any time during the year?			. 7	X	<del></del>
0-	If "Yes," complete Part II, col. (c), and Part XV.	>				
Вa	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) $ ightharpoonup$				
	VA	Attornou Conoral (or decembe)		<del> </del>		
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	anomey General (or designate)		40	V	
0	of each state as required by General Instruction G? If "No," attach explanation	notion ADA2(i)(2) or ADA2(i)(E) for only	ındar	8b	X	+
y	Is the foundation claiming status as a private operating foundation within the meaning of se year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," of		iludi	9		y
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu			10	<del>                                     </del>	X
	paradia padama daga kamang dama nakatata dalam kan tan tan tan tan tan tan tan tan tan t	aio iiamina men manea alla adale3353		1 .0		

	990-PF (20		D MEMORIAL	FOUNDATION		54-604	18597	<u> </u>	Page 5
Pa	rt VII-A	Statements Reg	garding Activiti	es (continued)					
					d entity within the meaning of				
	section 512	2(b)(13)? If "Yes," attach s	schedule (see instructi	ions)			11		<u>X</u>
12	Did the fou	ndation acquire a direct o	or indirect interest in ar	ny applicable insurance co	ntract before				
	August 17,	2008?					12		X
13	Did the fou	ndation comply with the p	public inspection requi	irements for its annual retu	irns and exemption application?	?	13	X	
		dress ► <u>N/A</u>							
14		are in care of $ ightharpoons$ $ ightharpoons$ $ ightharpoons$				lephone no. $\triangleright 75724$			
					E 106, NEWPORT	NEWS ZIP+4 ►	<u> 23606</u>		
15				n 990-PF in lieu of Form 1	041 - Check here			▶	$\Box$
_		he amount of tax-exempt				▶ 15	N	/A	
Pa	rt VII-B	Statements Reg	garding Activiti	es for Which Forn	n 4720 May Be Requi	red		T 1	
		-		s" column, unless an e	xception applies.			Yes	<u>No</u>
1a		year did the foundation (e							
				with a disqualified person		Yes X No			
	• •		ey to, or otherwise exte	end credit to (or accept it f	rom)		]		
		ualified person?				Yes X No			
				m from) a disqualified pers		Yes X No			
				ses of, a disqualified person		Yes X No			
		<del>-</del>		n (or make any of either av	ailable				
		benefit or use of a disqua				Yes X No			
				cial? (Exception Check "N					
				loy the official for a period	after	<u></u>			
		ation of government serv				Yes X No			
b			=		ions described in Regulations	/-			
				ster assistance (see page 2	20 of the instructions)?	N/A	1b	$\vdash$	
		ns relying on a current n				▶∟_			
C				s described in 1a, other tha	an excepted acts, that were not o	corrected			v
_		first day of the tax year be		and another the state of the st	and the same of th	- 4	1c	├	<u>X</u>
2				not apply for years the for	undation was a private operating	g roundation			
		section 4942(j)(3) or 494		- d4bk. d 0	Od and On Bank VIIIV 4-114-11-11	/a) haaraara-			
а			roundation have any u	naistributea income (fines	6d and 6e, Part XIII) for tax yea	ar(s) beginning Yes X No	į		
	before 2009					L Tes L&_ No	- 1		
L		the years -	thinh the formulation in	11	o of cootion 4040/s\(0\) /r-l-t-	un to incorrect			
D					ns of section 4942(a)(2) (relatin				
			nien innren lucollie v (1)	і арріўніў ѕесноп 4942(а)	(2) to all years listed, answer "N	N/A	25		
_		- see instructions.) sions of section 4942(a)(	2) are house applied to	any of the years listed in	2a liet the years here	N/A	26	$\vdash$	
C	in the provi	510115 01 58011011 4942(3)(	z) are being applied to	any of the years listed in	za, not the years here.				
2^	Did the four	ndation hold more than a	2% direct or indirect	interest in any business en	ternrice at any time	_			
Jd	during the		E /O UNIGOL OF HIGH COL	morest in any business en	norprise at any time	Yes X No			
h			e se DNNC ni snnihlad	result of (1) any nurchase	by the foundation or disqualifie				
U			_	* * * * *	commissioner under section 494				
					rst phase holding period? <i>(Use</i>				
	-			ess business holdings in	• • • • • • • • • • • • • • • • • • • •	N/A	3b		
42		-		_	dize its charitable purposes?	H/A	4a		x
					9) that could jeopardize its chari	itable ouroose that	74	$\vdash$	
U				of the tay year beginning in		itadio purpose triat	4h		x

Form 990-PF (2009) NOLAND MEMORIAL FOUNDATI			<u>54-60485</u>	<u>97</u>	Page 6
Part VII-B   Statements Regarding Activities for Which I	orm 4720 May Be	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1)* Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir				
any voter registration drive?	-		s 🔀 No 🗀	-	1 -
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y6	s X No	ľ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y€	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?			s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und		in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		<b>1/A                                    </b>	s L No		
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	8 X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			7b		
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	<i>(</i>		
List all officers, directors, trustees, foundation managers and their					
List all officers, directors, disteres, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a)	Fynense
(a) Name and address	hòurs per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other
-	to position	enter'-0-)	compensation	all	owances
SEE STATEMENT 11		0.	0.		0.
SEE STATEMENT II		0.	<u> </u>	-	
				<del> </del>	
				j	
			<del></del>	<del>                                     </del>	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco	ount, other owances
NONE	, 0000000				
			<del></del>		
				1	
	- · · · · · · · · · · · · · · · · · · ·				
Total number of other employees paid over \$50,000			<b>•</b>		0

NOLAND MEMORIAL FOUNDATION		504859/ Fage /
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	$\dashv$	
	=	
<del></del>	$\dashv$	
		<del>-  </del>
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions		
All other program-related investments. See instructions.  3		
Total Add lines 1 through 3	<b>•</b>	0.
Total. Add lines 1 through 3		<del></del>

P	art X Minimum Investment Return (All domestic foundations must comp	lete this part. Foreign four	idations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purp	oses:		· · · · · · · · · · · · · · · · · · ·
a.	Average monthly fair market value of securities		1a	7,543,389.
	Average of monthly cash balances		1b	13,955.
	Fair market value of all other assets	Ì	1c	
ď	Total (add lines 1a, b, and c)	ĺ	1d	7,557,344.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	7,557,344.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruc	tions)	4	113,360.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	e 4	5	7,443,984.
6	Minimum investment return. Enter 5% of line 5		6	372,199.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) privalent XI foreign organizations check here  and do not complete this part.)	rate operating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	372,199.
2a	Tax on investment income for 2009 from Part VI, line 5	1,505.		
b	Income tax for 2009. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	1,505.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	370,694.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	370,694.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	370,694.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	<u>365,607.</u>
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pur	poses	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	<del></del>
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII,	line 4	4	<u>365,607.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	<u>1,505.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	364,102.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculate	ting whether the foundation g	ualifies for	the section

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	00.700	, , , , , , , , , , , , , , , , , , ,		
line 7				370,694.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007 115,472.				
e From 2008				
f Total of lines 3a through e	115,472.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 365,607.			_	
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		·		365,607.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	5,087.			5,087.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	110,385.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.		-	
9 Excess distributions carryover to 2010.	110 205			
Subtract lines 7 and 8 from line 6a	110,385.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007 110,385.				
d Excess from 2008				
e Excess from 2009				Form <b>990-PF</b> (2000)

Part XIV Private Operating F	MEMORIAL FO		A guestion 9)		U46397 rage 10
<del></del>	<del></del>		A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			t-a	4942(j)(3) or -	4942(j)(5)
• b-Check box to indicate whether the found	<del></del>	ig tournoation described i	Prior 3 years	1 4942(J)(3) OI <u>-</u> 1	4942())(3)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
income from Part I or the minimum	(4) 2003	(0) 2000	(0) 2007	(4)2000	(0) 10121
investment return from Part X for					
each year listed				<del></del>	
<b>b</b> 85% of line 2a				-	<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed					<del></del>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public		<u> </u>			
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from		- "			
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	n had \$5,000 or r	nore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by th	e foundation before the c	lose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
SEE STATEMENT 12					· · · · · · · · · · · · · · · · · · ·
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	tion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here  if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	·	· · · · · · · · · · · · · · · · · · ·	<del></del>	, , , , , , , , , , , , , , , , , , , ,	
NOLAND MEMORIAL FOUN	•		addrossou.		
11832 ROCK LANDING D			IEWS VA 23	606	
b The form in which applications should to					
AUDITED FINANCIAL ST		,			
c Any submission deadlines:				<u> </u>	
NONE					
d Any restrictions or limitations on award					
NOLAND MEMORIAL FOUN					ERMINED BY
THE TRUSTEES. THERE	IS NO FORMA	AL APPLICATI	ON PROCESS	•	F 000 DE (0000)
923601 02-02-10					Form <b>990-PF</b> (2009)

Part XV

Supplementary Information (continued)

Page 11

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation<sub>.</sub> status of show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year SEE STATEMENT 13 365,607. ▶ 3a Total **b** Approved for future payment 150,000. NONE CHARITABLE HEALTH & WELFARE BOYS AND GIRLS CLUB OF FOUNDATION THE VIRGINIA PENNINSULA FOUNDATION - 429 THORNCLIFF DR NEWPORT 600,000. PUBLIC CHILDRENS HOSPITAL OF THE NONE HEALTH & WELFARE KINGS DAUGHTERS CHARITY 601 CHILDREN'S LANE NORFOLK, VA 23507 50,000. WOODBURY FOREST NONE PUBLIC EDUCATION DISTINGUISHED VISITORS CHARITY 898 WOODBURY FOREST RD WOODBURY FOREST, VA 22989 800,000. Total

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					_ <del></del>
C					
d			ļ		
e					<del> </del>
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,594. 227,614.	
4 Dividends and interest from securities			14	227,614.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal					
property		<u> </u>	1 1	0.100	
7 Other investment income			14	2,100.	
8 Gain or (loss) from sales of assets other			10	.533 575	
than inventory			18	<533,575.	>
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:					
a					
b			<b></b> -		
c					
0			<u> </u>		<del></del>
12 Subtotal. Add columns (b), (d), and (e)		0.		<302,267.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)		•		13	<302,267.
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
	a the Acce	ampliahment of Ev		t Durmaga	_
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Furposes	
Line No. Explain below how each activity for which incom	ne is reported i	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than t	oy providing fu	nds for such purposes).			
					<del> </del>
		-			
					<del>-</del>
		· · · · · · · · · · · · · · · · · · ·	_		
					<del></del>
					<del></del>

Part XVII	Information Regarding Ti	ansfers To and Transactions and F	Relationships With Noncharitable
•	Exempt Organizations		•

<b>i</b> Dia	the organization directly or indirectly eng	jage in any of the followin	g with any other organization	on described in sec	tion 50 I(c) of		res	NO
• the	Code (other than section 501(c)(3) organ	nizations) or in section 52	7, relating to political organ	izations?				
<b>a</b> Tra	nsfers from the reporting foundation to a	noncharitable exempt org	ganization of:					
(1)	Cash					1a(1)		X
(2)	Other assets					1a(2)		X
<b>b</b> Oth	er transactions:							
(1)	Sales of assets to a noncharitable exemp	pt organization				1b(1)		X
(2)	Purchases of assets from a noncharitab	le exempt organization				1b(2)		X
(3)	Rental of facilities, equipment, or other a	assets				1b(3)		X
(4)	Reimbursement arrangements					1b(4)		X
(5)	Loans or loan guarantees					1b(5)		X
(6)	Performance of services or membership	or fundraising solicitatio	ns			1b(6)		X
c Sha	ring of facilities, equipment, mailing lists,	, other assets, or paid emp	ployees			1c		X
d If th	e answer to any of the above is "Yes," coi	mplete the following sche	dule. Column (b) should alv	vays show the fair	market value of the g	joods, other ass	ets,	
or s	ervices given by the reporting foundation	n. If the foundation receive	ed less than fair market valu	ie in any transactio	n or sharing arrange	ment, show in		
col	ımn (d) the value of the goods, other ass	ets, or services received.						
) Line n	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description	on of transfers, transaction	ns, and sharing ar	angeme	nts
		N/A			_			
			· ·					
					<del>-</del>			
	<del> </del>			<del>-  </del>				•
	<del>- </del>			-				
	<u> </u>							
		<del></del>					_	
		<del></del>						
	-							
		<del> </del>		<del></del>				
			<del></del>		<del></del>	-		
	ne foundation directly or indirectly affiliate			zations described				-
	ection 501(c) of the Code (other than sec	tion 501(c)(3)) or in sect	ion 527?			Yes	X	No
<b>b</b> If "	es," complete the following schedule.			<del></del>	( ) Dans			
	(a) Name of organization		(b) Type of organization		(c) Description of re	elationship		
		ŀ			<del> </del>			
	N/A							
	N/A			_				
	N/A							
	N/A							
	N/A							
	r penalties of perjury, I declare that I have exagni				of my knowledge and be	ilief, it is true, corre	ct,	
	r penalties of perjury, I declare that I have examin		mpanying schedules and staten all information of which preparer	has any knowledge		ilief, it is true, corre	ct,	
and o	r penalties of perjury, I declare that I have exagni			has any knowledge	of my knowledge and be	lief, it is true, corre	ct,	
and o	r penalties of perjury, I declare that I have exagni			has any knowledge		ilief, it is true, corre	ct,	
and d	r penalties of perjury, I declare that I have exacting the property of property of the propert		all information of which preparer    /e/25//0   Date	Title	RUSTEE	ilief, it is true, corre		nber
and d	r penalties of perjury, I declare that I have exacting the property of property of the propert		all information of which preparer    /e/25//0   Date	Title	RUSTEE			nber
and d	r penalties of perjury, I declare that I have exacting the property of property of the propert	Payer or squerary) is based on	all information of which prepared Date  [1]	has any knowledge  Title  Oate  0/22/10	Rust EE			nber
and d	r penalties of perjury, I declare that I have exacting the property of property of the propert	BEKAERT & H	Date  OLLAND, L.L.	has any knowledge  Title  Oate  0/22/10  P.	RUSTEE			nber
and o	r penalties of perjury, I declare that I have exacting the property of property of the propert	BAKAERT & H	Date  OLLAND, L.L. ENUE, SUITE	has any knowledge  Title  Oate  0/22/10  P.	Check If elf- mployed  EIN		ring num	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

**Employer identification number** Name of the organization 54-6048597 NOLAND MEMORIAL FOUNDATION Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

religious, chantable, etc., contributions of \$5,000 or more during the year.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	4		- 4	
Page		of		of Part I

Name of organization

Employer identification number

## NOLAND MEMORIAL FOUNDATION

54-6048597

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SUSAN C. NOLAND  100 F SCOTT FITZGERALD SQUARE  NEWPORT NEWS, VA 23606	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LLOYD U. NOLAND, III  3 MERRY CIRCLE  NEWPORT NEWS, VA 23606	\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LLOYD U. NOLAND, JR.  206 JAMES RIVER DRIVE  NEWPORT NEWS, VA 23601	- \$\$.	Person X Payroli  Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	JANE K. NOLAND  206 JAMES RIVER DRIVE  NEWPORT NEWS, VA 23601		Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ANNE NOLAND EDWARDS  521 S. FAIRFAX STREET  ALEXANDRIA, VA 22314	\$25,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		_	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Capital Gains and Los	ses for lax on investment income				
	describe the kind(s) of property solick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB			P	VARIOUS	VARIOUS
b CHARLES SCHWAB		-	P		VARIOUS
c MARSHALL & ISL	EY		P	VARIOUS	VARIOUS
d STRALEM			P	VARIOUS	VARIOUS
e STRALEM			P	VARIOUS	VARIOUS
IRM CORE BOND	FUND		P	VARIOUS	VARIOUS
g IRM CORE BOND	FUND		P	VARIOUS	VARIOUS
h ASC TRUST			P	VARIOUS	<u>VARIOUS</u>
ASC TRUST			P	VARIOUS	<u>VARIOUS</u>
AIE TRUST			P	<del></del>	VARIOUS_
k AIE TRUST		····	P	VARIOUS	VARIOUS_
m					
<u>n</u>				ļ	
(a) Crace color prins	(f) Depreciation allowed	(g) Cost or other basis		) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)	
a 257,499.		249,559.			7,940.
b 23,333.		17,960.			<u>5,373.</u>
c 374,572.		307,925.			66,647.
d 55,467.	· <del></del>	126,209.			<70,742.>
e 328,488.	······································	322,766.			5,722.
f	<del></del>				2,332.
9				<del></del>	<15,245.>
h	·				: <u>131,508.</u> >
1					<u>&lt;95,124.</u> >
<u> </u>					<53,194.>
k				<	: <u>255,776.</u> >
m					
n					
Complete only for assets shown	g gain in column (h) and owned by	the foundation on 12/31/69	(1) 1 0	sses (from col. (h)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove not less than "-0-")	
a					7,940.
b					5,373.
С					66,647.
d			·		<70,742.>
e			<del></del>		5,722.
f			· <del></del> -		2,332.
9					<15,245.>
h				<	131,508.>
i					<95,124.>
1					<53,194.>
k					: <u>255,776.</u> >
<u> </u>					
<u>m</u>					
n 0	<del></del>		<del></del>		
<u> </u>		<u> </u>		<del></del>	
2 Capital gain net income or (net ca	pital loss) { If gain, also enter "-(	r in Part I, line 7 )-" in Part I, line 7	2	<	:533,575.
Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) ar	nd (6):			
If (loss), enter "-0-" in Part I, line 8				N/A_	

FORM 990-PF INTEREST ON SAVINGS A	ND TEM	PORARY C	ASH :	INVESTMENTS	STATEMENT	. 1
SOURCE			·		AMOUNT	
VARIOUS				-	1,5	94.
TOTAL TO FORM 990-PF, PART I, LINE	3, CO	LUMN A		- -	1,5	94.
FORM 990-PF DIVIDENDS AND	INTER	EST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
VARIOUS		227,614.		0.	227,6	14.
TOTAL TO FM 990-PF, PART I, LN 4		227,614.		0.	227,6	14.
FORM 990-PF C	THER I	NCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OTHER PORTFOLIO INCOME	•	2,	100.	2,100	•	-
TOTAL TO FORM 990-PF, PART I, LINE	11	2,	100.	2,100	•	
FORM 990-PF AC	COUNTI	NG FEES			STATEMENT	4
EXPE	(A) ENSES BOOKS	(B) NET INV MENT IN	EST-			
ACCOUNTING	6,750.		0	•		0.
TO FORM 990-PF, PG 1, LN 16B	6,750.		0	•		0.

FORM 990-PF (	THER PROFES	SIONAL FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT FEES	54,629.	54,629.		· ·	0.
TO FORM 990-PF, PG 1, LN 16C	54,629.	54,629.			0.
FORM 990-PF	TAX	ES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
EXCISE TAX FOREIGN TAXES	475. 2,364.	0. 2,364.	<del>-</del> · · · · · ·		0.
TO FORM 990-PF, PG 1, LN 18	2,839.	2,364.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
ADMINISTRATIVE OTHER INVESTMENT EXPENSES	10,463. 23,802.	0. 23,802.			0.
TO FORM 990-PF, PG 1, LN 23	34,265.	23,802.			0.
		n amagy	<del></del>	STATEMENT	 8
FORM 990-PF	CORPORAT	E STOCK		——————————	
FORM 990-PF  DESCRIPTION	CORPORAT		OK VALUE	FAIR MARKET	
	CORPORAT	BO0	OK VALUE 3,417,865. 51,821.	FAIR MARKET	5.

FORM 990-PF O	THER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ASHBRIDGE INTERNATIONAL EQUITY TRUST BROAD STREET HEDGED EQUITY TRUST JUNIPER STREET ABSOLUTE RETURN L' ASHBRIDGE SMALL CAP TRUST INCOME RESEARCH & MANAGEMENT CORI BOND FUND	FMV E FMV	703,298. 814,831. 33,449. 537,384.	2,476,171.
TOTAL TO FORM 990-PF, PART II, L	INE 13	4,565,133.	4,565,133.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST AND DIVIDENDS RECEIVABLE	0.	1,275.	1,275.
TO FORM 990-PF, PART II, LINE 15	0.	1,275.	1,275.

FORM 990-PF PART VIII - TRUSTEES		STATI	EMENT 1	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
LLOYD U. NOLAND, JR. 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	PRESIDENT 0.25	0.	0.	0
SUSAN C. NOLAND 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	VICE PRESIDENT 0.25	0.	0.	0
GAIL NAJARIAN 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	SECRETARY/TREA 0.25	SURER 0.	0.	0
LLOYD U. NOLAND, III 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	0
JANE K. NOLAND 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	0
ANNE NOLAND EDWARDS 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0
	PART XV - LINE 1A OF FOUNDATION MANAGE	RS	STAT	EMENT 1

#### NAME OF MANAGER

LLOYD U. NOLAND, JR. SUSAN C. NOLAND LLOYD U. NOLAND, III JANE K. NOLAND ANNE NOLAND EDWARDS

	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 13
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN RED CROSS 611 W. BRAMBLETON AVE NORFOLK, VA 23510	NONE HEALTH & WELFARE	PUBLIC CHARITY	2,000.
PENINSULA COMMUNITY FOUNDATION 2400 WASHINGTON AVENUE NEWPORT NEWS, VA 23607		CHARITABLE FOUNDATION	50,000.
AN ACHIEVABLE DREAM 8 WARWICK BLVD NEWPORT NEWS, VA 23601	NONE EDUCATION	PUBLIC CHARITY	5,000.
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	NONE HEALTH & WELFARE	PUBLIC CHARITY	2,500.
CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS 601 CHILDREN'S LANE NEWPORT NEWS, VA 23607	NONE HEALTH & WELFARE	PUBLIC CHARITY	100,000.
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	NONE EDUCATION	CHARITABLE FOUNDATION	5,000.
FOODBANK OF THE VIRGINIA PENNINSULA 9912 HOSIER ST NEWPORT NEWS, VA 23601	NONE HEALTH & WELFARE	PUBLIC CHARITY	10,000.
JACKSON-FIELD EPISCOPAL HOME FOR GIRLS 546 WALNUT GROVE DRIVE JARRATT, VA 23867	NONE EDUCATION	PUBLIC CHARITY	1,000.

NOLAND MEMORIAL FOUNDATION		5	4-6048597
JAMES RIVER ASSOCIATION 9 S. 12TH STREET RICHMOND, VA 23219	NONE CONSERVATION	PUBLIC CHARITY	1,000.
BOYS AND GIRLS CLUB OF THE VIRGINIA PENNINSULA FOUNDATION 429 THORNCLIFF DR NEWPORT NEWS, VA 23608		CHARITABLE FOUNDATION	100,000.
JAMESTOWN/YORKTOWN FOUNDATION 1607 SOCIETY PO BOX 1607 WILLIAMSBURG, VA 23187	NONE EDUCATION, HISTORICAL PRESERVATION	CHARITABLE FOUNDATION	1,607.
MOUNT VERNON PO BOX 110 MOUNT VERNON, VA 22121	NONE EDUCATION, HISTORICAL PRESERVATION	PUBLIC CHARITY	1,000.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606		PUBLIC CHARITY	2,000.
PENINSULA HABITAT FOR HUMANITY PO BOX 1443 NEWPORT NEWS, VA 23601		PUBLIC CHARITY	2,000.
PENINSULA RESCUE MISSION 3700 HUNTINGTON AVE NEWPORT NEWS, VA 23607		PUBLIC CHARITY	1,000.
SALVATION ARMY (HAMPTON ROADS) 5560 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23462	NONE HEALTH & WELFARE	PUBLIC CHARITY	5,000.
THE MARINERS MUSEUM 100 MUSEUM DR NEWPORT NEWS, VA 23606	NONE EDUCATION, HISTORICAL PRESERVATION	PUBLIC CHARITY	25,000.
UNITED WAY OF THE VIRGINIA PENINSULA 739 THIMBLE SHOALS BLVD NEWPORT NEWS, VA 23606	NONE HEALTH & WELFARE	PUBLIC CHARITY	15,000.

NOLAND MEMORIAL FOUNDATION			54-6048597
UVA CENTER FOR POLITICS PO BOX 400806 CHARLOTTESVILLE, VA 22904	NONE EDUCATION	PUBLIC CHARITY	500.
VIRGINIA FOUNDATION FOR INDEPENDANT COLLEGES 8010 RIDGE RD RICHMOND, VA 23229	NONE EDUCATION	PUBLIC CHARITY	5,000.
VIRGINIA LIVING MUSEUM 524 J. CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	NONE EDUCATION	PUBLIC CHARITY	1,500.
VIRGINIA SPECIAL OLYMPICS 1824 BUSINESS PARK DR VIRGINIA BEACH, VA 23462		PUBLIC CHARITY	1,500.
WHRO PUBLIC TELEVISION 5200 HAMPTON BLVD NORFOLK, VA 23508	NONE EDUCATION	PUBLIC CHARITY	2,000.
WOODBURY FOREST AMICI FUND 898 WOODBURY FOREST RD WOODBURY FOREST, VA 22989	NONE HEALTH & WELFARE	PUBLIC CHARITY	1,000.
WOODBURY FOREST DISTINGUISHED VISITORS 898 WOODBURY FOREST RD WOODBURY FOREST, VA 22989	NONE EDUCATION	PUBLIC CHARITY	25,000.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	<del></del>	365,607.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If y	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	s form).	
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	-	
A cor Part I	poration required to file Form 990 T and requesting an automatic 6-month extension - check this box and co only	•	<b>&gt;</b>
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns.	n exter	nsion of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 If you want a 3-month automatic extens is below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication at the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronications and click on e-file for Charities & Nonprofits.	nically is onsolid	f (1) you want the additional ated Form 990-T. Instead,
Type print	or Name of Exempt Organization	Emp	loyer identification number
•	NOLAND MEMORIAL FOUNDATION	5	4-6048597
File by due dat filling yo	he for   Number, street, and room or suite no. If a P.O. box, see instructions.		
return.			
Chec	k type of return to be filed (file a separate application for each return):		
	Form 990         Form 990-T (corporation)         Form 4           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 5           Form 990-EZ         Form 990-T (trust other than above)         Form 5           Form 990-PF         Form 1041-A         Form 5	5227 5069	
• Th	THE FOUNDATION - 11832 ROCK LANDING DR se books are in the care of ► NEWPORT NEWS, VA 23606	IVE,	SUITE 106 -
• If t	Hephone No. ► 7572405650 FAX No. ►  The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If it is for part of the group, check this box ► and attach a list with the names and EINs of a	his Is fo	r the whole group, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named		The extension
	is for the organization's return for:    X   calendar year 2009 or		
	► tax year beginning, and ending		<u> </u>
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	7,2	\$ 475.
	nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$ 475.
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	s 1,440.
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
	See Instructions.	3с	\$ 0.
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	1 887 <del>9</del> -	EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

<u>Form</u>	8868 (Rev. 4-2009)		_	Р	age 2
• If :	yoù are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ЭX		<b>▶</b> X	
	a. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		8868.		
• 'If '	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies r	needed)		
Туре	Name of Exempt Organization	Emp	loyer id	entification num	nber
print	NOLAND MEMORIAL FOUNDATION	5	4-60	48597	
File by extend due da filing ti	Number, street, and room or suite no. If a P.O. box, see instructions.  11832 ROCK LANDING DRIVE, SUITE 106	For II	RS use	only	
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.				·
Chec	ck type of return to be filed (File a separate application for each return).  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	=	orm 522 orm 606		8870
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form	8868.	
Te ● If	THE FOUNDATION - 11832 ROCK LANDING DRI  the books are in the care of ► NEWPORT NEWS, VA 23606  The care of	is is fo	the wh	ole group, check	·
7	State in detail why you need the extension		Orlange	in accounting p	Silou
•	AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A CO ACCURATE TAX RETURN	MPL	ETE	AND	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			·	
	nonrefundable credits. See instructions.	8a	\$		0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868.	8b	\$		<u>0.</u>
C	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit				
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$		0.
	Signature and Verification				
Unde it is tr	r penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the rue, correct, and complete, and that I am authorized to prepare this form.	e best o	f my kno	_	_
Signa	iture Title	Date	<u> </u>	8-15-1	<u></u>
			F	orm <b>8868</b> (Rev. 4	-2009)