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Form 990-PF

# Return of Private Foundation

### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2010

OMB No 1545-0052

Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2010, or tax year beginning and ending O G Check all that apply: Initial return of a former public charity Final return Initial return Amended return Address change Name change Name of foundation A Employer identification number 23-7177629 THE NOEL FOUNDATION, INC. 4 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O ROBERT LEITZ (318)429-1525S ONE UNIVERSITY PLACE City or town, state, and ZIP code C If exemption application is pending, check here  $\infty$ D 1. Foreign organizations, check here SHREVEPORT 71115-2399 LA 2. Foreign organizations meeting the 85% test, check here and attach computation o Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation E If private foundation status was terminated Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual under section 507(b)(1)(A), check here 5 (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination 19,953,429. (Part I, column (d) must be on cash basis ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not expenses per books income income necessarily equal the amounts in column (a) ) (cash basis only) Contributions, gifts, grants, etc., received 41,960. if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 96,414. 96,414. 96,414.STATEMENT 210,772 210,772 210,772.STATEMENT Dividends and interest from securities 17,525. 17,525.STATEMENT <u> 17,525</u>. 5a Gross rents b Net rental income or (loss) 434,133 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a <u>4,873,688.</u> 434,133. Capital gain net income (from Part IV, line 2) 101,488, Net short-term capital gain TATUTE UNIT Income modifications 10a Gross sales less returns and allowances <del>FEB 1 4 2014</del> b Less Cost of goods sold TPR BRANCH OGDEN c Gross profit or (loss) 204,797 204,797.STATEMENT 204,<u>79</u>7 11 \_Other income 630,996 963,641 12 Total. Add lines 1 through 11 ~ 005,601 86,924 78,232 4,346. Compensation of officers, directors, trustees, etc 4,346. 41,954 41,954. 0. 14) Other employee salaries and wages 0. 34,507 690 33,127. 690. 15 Pension plans, employee benefits 16a begal-fees 4,236 0. 4,293. 5 0. STMT 6 15,564 3,891 0 11,673. **b** Accounting fees STMT ministrative Ext 0. c Other professional fees STMT 7 148,172 148,172 0. Interest 0. STMT 8 7,897 900. 0. Taxes Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings and Printing and publications Operating a 5,774. 37,912 635. 31,503 Other expenses STMT 9 Total operating and administrative <u> 26,776.</u> 377,166 158,634 184,816 expenses. Add lines 13 through 23 253,000. 253,000. Contributions, gifts, grants paid Total expenses and disbursements. 279,776. 630,166 158,634 184.816 Add lines 24 and 25 27 Subtract line 26 from line 12: 375,435 2 Excess of revenue over expenses and disbursements 805,007 b Net investment income (if negative, enter -0-) 446,180 C Adjusted net income (if negative, enter -0-) Form **990-PF** (2010) LHA For Paperwork Reduction Act Notice, see the instructions

For	m 99	0-PF(2010) THE NOEL FOUNDATION, INC		23	3 <del>-</del> 7	177629 Page 2
D	ort.	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	En	d of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	321,340.	190,320		190,320.
	2	Savings and temporary cash investments	405,995.	377,547	7.	377,547.
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable >				
		Less: allowance for doubtful accounts			_	
	5	Grants receivable		<del></del>	_	,,,
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				<del></del>
	7	Other notes and loans receivable			- 1	
		Less: allowance for doubtful accounts				····
ets	8	Inventories for sale or use				<del></del>
Assets	9	Prepaid expenses and deferred charges			_	
•		Investments - U.S. and state government obligations	11 005 150	40 004 704	+	10 024 700
	l	Investments - corporate stock STMT 12	11,085,159.	12,234,799	9.	12,234,799.
	l	Investments - corporate bonds				<del></del>
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation			+	
		Investments - mortgage loans	E 4 0 4 6 0	548,460	<del>,  </del>	548,460.
	13	Investments - other STMT 13	548,460.	340,400	U •	540,400.
	14	Land, buildings, and equipment: basis ► 431,533.	421 E22	/21 E2:	2	/21 E22
		Less accumulated depreciation	431,533. 5,815,900.	431,533 6,170,770		431,533. 6,170,770.
	15	Other assets (describe ► STATEMENT 14)	5,815,900.	6,170,770	٠.	0,170,770.
		Tatal assate (to be completed by all filers)	18,608,387.	19,953,429	a	19,953,429.
_	16 17	Total assets (to be completed by all filers)  Accounts payable and accrued expenses	10,000,307.	10,000,44.	<del>-  </del>	<u> </u>
	18	Grants payable				
10	19	Deferred revenue			$\neg$	
Liabilıties	20	Loans from officers, directors, trustees, and other disqualified persons	-		$\neg$	
Ē	21	Mortgages and other notes payable			$\neg$	
Ë	1	Other liabilities (describe				
	-		-		$\neg$	
	23	Total liabilities (add lines 17 through 22)	0.	(	0.	
	<u> </u>	Foundations that follow SFAS 117, check here		···		
		and complete lines 24 through 26 and lines 30 and 31.			1	
ës	24	Unrestricted				
and	25	Temporarily restricted				
Bal	26	Permanently restricted				
b		Foundations that do not follow SFAS 117, check here				
Ξ.		and complete lines 27 through 31.				
SO	27	Capital stock, trust principal, or current funds	11,989,838.	12,200,07	2.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		Ö.	
As	29	Retained earnings, accumulated income, endowment, or other funds	6,618,549.	7,753,35	7.	
Net Assets or Fund Balances	30	Total net assets or fund balances	18,608,387.	19,953,42	9.	
_						
	31	Total liabilities and net assets/fund balances	18,608,387.	19,953,42	<u>9.</u>	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
		st agree with end-of-year figure reported on prior year's return)			1	18,608,387.
2	•	r amount from Part I, line 27a			2	<u>375,435.</u>
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 11	3	969,607.
		lines 1, 2, and 3			4	19,953,429.
5	Decr	eases not included in line 2 (itemize)			5	0.
c	Tota	I not accests or fund halances at and of year /line 4 minus line 5) - Part II co	lumn (h) line 30		6	19.953.429.

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7 2,469,518.
 8 279,776.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Enter 1% of net investment income (1% of Part I, line 27b)

\_\_\_\_

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7 Add lines 5 and 6

8,050.

See the Part VI instructions.

	n 990-PF (2010) THE NOEL FOUNDATION, INC. 23  art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	<u>-71</u>	177629	ıctio	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.  Date of ruling or determination letter:  (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%			_	00.
	of Part I, line 27b			<del>- , -</del>	<del>•••</del>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			_ 1	0.
3	Add lines 1 and 2			6,I	00.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	+		0,1	00.
	Credits/Payments:				
	2010 estimated tax payments and 2009 overpayment credited to 2010  Exempt foreign organizations - tax withheld at source  6b				
	e Tax paid with application for extension of time to file (Form 8868)				
	I Backup withholding erroneously withheld  6d				
	Total credits and payments. Add lines 6a through 6d TAX PAID W/ O.R. 17,515.	,	1	7.5	15 <u>.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				08.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		•		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0		1,2	07.
11_	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 0 . Refunded ▶ 11	1			07.
Pa	art VII-A Statements Regarding Activities				,
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		<u>1a</u>	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities				
	E Did the foundation file Form 1120-POL for this year?		1c		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 •				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
-	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		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 either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	<u> </u>
_	If "Yes," complete Part II, col (c), and Part XV				
	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		_	į	
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1
_	of each state as required by General Instruction G? If "No," attach explanation		8b	X	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	•		.,	
4.0	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10 Form <b>99</b> 0	-PF	X (2010)

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orm 990-PF (2010) THE NOEL FOUNDATION, INC	•		<u> 23-71776</u>	29 Page 6
Part VII-B   Statements Regarding Activities for Which F	form 4720 May Be F	Required (continu	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(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)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n 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	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945	5-5 <i>(d)</i> .			1 1
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 X
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	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Information About Officers, Directors, Trust		nagers, Highly		
Part VIII Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
SEE STATEMENT 15		86,924.	0.	0.
	1			
	-			
	-			
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 employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovoted to position		- compensation	
1401412	1			
		-	<del></del>	
	-			
		-		
	1			
	-			<del> </del>
	1			
		<del> </del>	<del>-</del>	<del> </del>
	4			
7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>		<u> </u>	0
Total number of other employees paid over \$50,000			Form	990-PF (2010)
			Form	330-F F (2010)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
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	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DONATION TO RUTH HERRING NOEL ENDOWED SCHOLARSHIP FOR	
ELEMENTARY EDUCATION AT LOUSIANA STATE UNIVERSITY-SHREVEPORT	0
2 MAINTAIN AND IMPROVE EIGHTEENTH CENTURY LIBRARY AT LOUISIANA	0.
STATE UNIVERSITY, SHREVEPORT, LOUISIANA	
	0.
3	
4	
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	l
2	
	<u> </u>
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

P	art X. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	11,453,139.
	Average of monthly cash balances	1b	543,331.
	Fair market value of all other assets	1c	440,647.
-	Total (add lines 1a, b, and c)	1d	12,437,117.
	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	12,437,117.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	186,557.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,250,560.
6	Minimum investment return. Enter 5% of line 5	6	612,528.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	279,776.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
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	279,776.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	279,776.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	for the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
<u>L</u>	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI,				
line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: >\$				
a Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior	<del></del>			
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)		_		
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				<u> </u>
5 Excess distributions carryover applied to 2010				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b				
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				ľ
assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	····			<del></del>
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount - see instr.				1
f Undistributed income for 2010. Subtract			·	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7			<u> </u>	
9 Excess distributions carryover to 2011				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

1 1

06044-03

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b					
C					
d					***
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	96,414.	
4 Dividends and interest from securities		-	14	210,772.	
5 Net rental income or (loss) from real estate:		-		•	
a Debt-financed property					
<b>b</b> Not debt-financed property			16	17,525.	-11-7
6 Net rental income or (loss) from personal					
property					
7 Other investment income			15	204,797.	
8 Gain or (loss) from sales of assets other					-,
than inventory			18	434,133.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d	, ,				
e					
2 Subtotal. Add columns (b), (d), and (e)			0.	963,641.	
3 Total. Add line 12, columns (b), (d), and (e)				13	963,64
See worksheet in line 13 instructions to verify calculations.	)				

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
1	
	-

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of

023621 12-07-10

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign 1127114 Here PRESIDENT Signature of officer or trustee Date Title PTIN Date Check fig. Print/Type preparer's name Preparer's signature self-employed **Paid** JOHN C. SCHMIDT

Form **990-PF** (2010)

318-429-1525

Preparer

**Use Only** 

Firm's EIN

Phone no.

Firm's name ► HEARD MCELROY

Firm's address ► 333 TEXAS STREET, SUITE 1525

SHREVEPORT, LA 71101

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

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No 1545-0047

2010

**Employer identification number** 

23-7177629 THE NOEL FOUNDATION, INC. 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 X 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, charitable, 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 ▶ \$ religious, charitable, etc., contributions of \$5,000 or more during the year 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE N	OEL	FOUND	ATION	, IN	C.

23-7177629

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF RUTH H. NOEL  5918 FAIRFIELD AVENUE  SHREVEPORT, LA 71106	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person 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
		\$	Person 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
		\$	Person 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
			Person Payroll Oncash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

of Part II

Name of organization

Employer identification number

# THE NOEL FOUNDATION, INC.

23-7177629

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
[			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)		(c)	-
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
3453 12-23-		\$	 990, 990-EZ, or 990-PF) (

Schedule 8 (For	rm 990, 990-EZ, or 990-PF) (2010)		• Page of of Part III
Name of orga			Employer identification number
THE NO	EL FOUNDATION, INC.		23-7177629
Part III	Exclusively religious, charitable, etc., in	columns (a) through (e) and the follo us, charitable, etc, contributions of	1(c)(7), (8), or (10) organizations aggregating wing line entry. For organizations completing
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

# (e) Transfer of gift

) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   _			

Transferee's name, address, and ZIP + 4

# (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Relationship of transferor to transferee

PAGE Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation 1a MERRILL LYNCH ACCT #02293 - SEE ATTACHED SCHEDULE P VARIOUS VARIOUS b MERRILL LYNCH ACCT #02293 - SEE ATTACHED SCHEDULE P VARIOUS VARIOUS VARIOUS c SMITH BARNEY ACCT #04381 - SEE ATTACHED SCHEDULE P VARIOUS P d SMITH BARNEY ACCT #04381 VARIOUS SEE VARIOUS ATTACHED e CAPITAL GAINS DIVIDENDS g h k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) plus expense of sale (or allowable) 759,707 <u>39,914.</u> <u>719,793.</u> а 54,257. 483,909. 538,166. 268,361. 1,768,721. <u>1,500,360.</u> C 1,797,067. 1,735,493. 61,574. d 10,027. 10,027. е h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (I) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any \* \* 39,914. 54,257. b <u> 268,361.</u> 61,574. d 10,027. h m 0 If gain, also enter in Part I, line 7 434,133. 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

(SHORT-TERM)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

101,488.

FORM 990-PF INTEREST ON SAVINGS	AND TE	MPORARY CA	ASH I	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
MERRILL LYNCH MORGAN STANLEY SMITH BARNEY				-	96,2 13	76. 38.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, 0	COLUMN A		=	96,41	L4.
FORM 990-PF DIVIDENDS AND	D INTE	EREST FROM	SECU	JRITIES	STATEMENT	2
SOURCE	GROS	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	)
MERRILL LYNCH MORGAN STANLEY SMITH BARNEY		54,166. 166,633.		0. 10,027.	54,10 156,60	
TOTAL TO FM 990-PF, PART I, LN 4		220,799.		10,027.	210,7	72.
FORM 990-PF RE	NTAL :	INCOME			STATEMENT	3
KIND AND LOCATION OF PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INC	OME
RENTALS, CADDO PARISH, LA				1	17,5	25.
TOTAL TO FORM 990-PF, PART I, LIN	E 5A			-	17,5	25.
FORM 990-PF	OTHER	INCOME			STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOK	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OIL AND GAS ROYALTIES-NET	-	204,	797.	204,797	. 204,7	97.

FORM 990-PF	LEGAL	FEES	ST	ATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER FEES	4,236.	0.	0.	4,293.
TO FM 990-PF, PG 1, LN 16A =	4,236.	0.	0.	4,293.
FORM 990-PF	ACCOUNTI	NG FEES	ST	ATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
HEARD, MCELROY, & VESTAL	15,564.	3,891.	0.	11,673.
TO FORM 990-PF, PG 1, LN 16B	15,564.	3,891.	0.	11,673.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	នា	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES CONSULTING-OIL & GAS	88,172. 60,000.		0.	0.
TO FORM 990-PF, PG 1, LN 16C	148,172.	148,172.	0.	0.
FORM 990-PF	TAX	ES	Si	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
990PF EXCISE TAXES PROPERTY TAXES	6,997. 900.		0.	0.
TO FORM 990-PF, PG 1, LN 18	7,897.	900.	0.	0.

FORM 990-PF	OTHER E	XPENSES	ST	PATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES & POSTAGE MEETINGS MCCRERY SYMPOSIUM UTILITIES BANK CHARGES INSURANCE TRAVEL	720. 432. 5,991. 25,512. 92. 893. 4,272.	180. 432. 0. 0. 23. 0.	0. 0. 5,991. 25,512. 0. 0.	540. 0. 0. 0. 69. 893. 4,272.
TO FORM 990-PF, PG 1, LN 23	37,912.	635.	31,503.	5,774.
	FOOTN	OTES	Si	PATEMENT 10

THIS RETURN IS BEING AMENDED TO CORRECT ROYALTY INCOME AND TO REFLECT BALANCE SHEET CHANGES FROM THE 2009 AMENDED RETURN.

# THE AMENDED RETURN INCLUDES THE FOLLOWING CHANGES:

DECREASE TO PART I, LINE 11: OTHER INCOME, OIL AND GAS ROYALTIES	<60,328.>
DECREASE TO PART II, LINE 10B: CORPORATE STOCK, NOEL ESTATE INC.	<71,404.>
DECREASE TO PART II, LINE 27: CAPITAL STOCK	<118,074.>
INCREASE TO PART II, LINE 29: RETAINED EARNINGS	46,670.
DECREASE TO PART III, LINE 3: OTHER INCREASES, ACCUMULATED DEPLETION	<11,076.>
DECREASE TO PART X, LINE 1:  AVERAGE MONTHLY VALUE OF SECURITIES	<71,404.>

FORM 990-PF OTHER INCREASES IN	NET ASSETS OR FU	ND BALANCES	STATEMENT	11
DESCRIPTION			AMOUNT	
UNREALIZED GAIN (LOSS)CURRENT	YEAR		440,05	59.
ACCUMULATED DEPLETION NOT RECORDS			38,63	
ADDITION TO PERMANENT LSUS SCHOLA			302,01	
CONTRIBUTED SERVICES FROM LSU-SHI	188,89	}7.		
TOTAL TO FORM 990-PF, PART III, 1	969,60	)7.		
			CONTRACTOR OF THE PROPERTY OF	
FORM 990-PF (	CORPORATE STOCK		STATEMENT	12
			FAIR MARKE	r
DESCRIPTION		BOOK VALUE	VALUE	
MERRILL LYNCH		5,557,219.	5,557,23	<u> </u>
MORGAN KEEGAN SMITH BARNEY		5,864,104.	5,864,10	
NOEL ESTATE, INC.		745,076.	745,0	
LA TIDE CO		68,400.	68,40	
TOTAL TO FORM 990-PF, PART II, L	TNE 10B	12,234,799.	12,234,799.	
FORM 990-PF O	THER INVESTMENTS		STATEMENT	13
	VALUATION		FAIR MARKE	T
DESCRIPTION	METHOD	BOOK VALUE	VALUE	
OIL AND GAS INTEREST	FMV	548,460.	548,4	60.
TOTAL TO FORM 990-PF, PART II, L	INE 13	548,460.	548,4	60.
FORM 990-PF	OTHER ASSETS		STATEMENT	14
	BEGINNING OF	END OF YEAR	FAIR MARKE	Т
DESCRIPTION	YR BOOK VALUE	BOOK VALUE	VALUE	
BOOKS & DISPLAYS	5,499,665.	5,499,665.	5,499,6	65.
BOOKS PURCHASED 2009	90,795.	90,795.	90,7	
LSUS SCHOLARSHIP FUNDS	225,440.	527,456.	527,4	
BOOKS PURCHASED 2010	0.	52,854.	52,8	
TO FORM 990-PF, PART II, LINE 15	5,815,900.	6,170,770.	6,170,7	70.

	T OF OFFICERS, DI FOUNDATION MANAG		STATI	EMENT 15
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
ROBERT LEITZ ONE UNIVERSITY PLACE SHREVEPORT, LA 71105	PRESIDENT 40.00	86,924.	0.	0.
VINCENT MARSALA ONE UNIVERSITY PLACE SHREVEPORT, LA 71105	TRUSTEE 2.00	0.	0.	0.
SHELBY L. SMITH PO BOX 65204 SHREVEPORT, LA 71136	VICE PRESIDENT 2.00	0.	0.	0.
GILBERT R. SHANLEY, JR. P.O. BOX 1607 SHREVEPORT, LA 71165	TREASURER 2.00	0.	0.	0.
MERRITT B. CHASTAIN, JR. 8570 BUSINESS PARK DRIVE, SUITE 100 SHREVEPORT, LA 71105	SECRETARY 2.00	0.	0.	0.
RICHARD BREMER 400 EDWARDS ST SHREVEPORT, LA 71101	TRUSTEE 2.00	0.	0.	0.
THOMAS G. CARMODY 5918 FAIRFIELD AVENUE SHREVEPORT, LA 71106	TRUSTEE 2.00	0.	0.	0.
DR. KEVIN L. COPE LOUISIANA STATE UNIVERSITY BATON ROUGE, LA 70803	TRUSTEE 2.00	0.	0.	0.
DR. ALAN D. GABEHART ONE UNIVERSITY PLACE SHREVEPORT, LA 71115	TRUSTEE 2.00	0.	0.	0.
DR. WILFRED L. GUERIN 259 ATLANTIC AVENUE SHREVEPORT, LA 71105	TRUSTEE 2.00	0.	0.	0.

THE NOEL FOUNDATION, INC.			23-73	177629
DR. PAMELA WASHINGTON 100 NORTH UNIVERSITY DRIVE EDMOND, OK 75034	TRUSTEE 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, P.	AGE 6, PART VIII	86,924.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DR. ROBERT LEITZ, ONE UNIVERSITY PLACE, SHREVEPORT, LA 71115-2399 ONE UNIVERSITY PLACE SHREVEPORT, LA 711152399

TELEPHONE NUMBER

(318) 798-4161

FORM AND CONTENT OF APPLICATIONS

NO PARTICULAR FORM. SHOULD INCLUDE NARRATIVE OF PROJECT AND RATIONALE THEREOF.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NO LIMITATIONS.

Form 886	8 (Rev 1-2011)					Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ox		$\triangleright$ $\mathbf{X}$
<b>Note.</b> Onl	y complete Part II if you have already been granted an a	utomatic	3-month extension on a previously filed	Form 8	3868.	
	re filing for an Automatic 3-Month Extension, complete					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies n	eeded)	
Type or	Name of exempt organization			Empl	oyer ide	ntification number
print	nt .					
File by the	THE NOEL FOUNDATION, INC.			2	3-717	77629
extended Number, street, and room or suite no. If a P.O. box, see instructions						
due date for C/O ROBERT LEITZ ONE UNIVERSITY PLACE						
return See instructions	City, town or post office, state, and ZIP code For a form	oreign add	ress, see instructions			
	SHREVEPORT, LA 71115-2399				-	
	<b>5</b>		1 l A f l A \			0 4
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			10 4
A		Datum	Annlination			Return
Applicati	on	Return Code	Application Is For			Code
Is For Form 990		01	13 7 01			0000
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720		•	09
Form 990		04	Form 5227		<del></del> ,	10
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	ısly file	d Form	3868.
	HEARD, MCELROY,					
• The bo	ooks are in the care of P.O. BOX 1607				_	
	one No. ► (318) 798-4161		FAX No ▶			
• If the o	organization does not have an office or place of busines					
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) If th	ns is foi	r the who	le group, check this
box 🕨	If it is for part of the group, check this box	and atta	ach a list with the names and EINs of al	l memb	ers the e	xtension is for
4 I re	quest an additional 3-month extension of time until	NOVEM	BER 15, 2011			
	calendar year $2010$ , or other tax year beginning $\_$		, and ending _			<del></del>
6 If th	ne tax year entered in line 5 is for less than 12 months, o	check reas	son· Initial return	Fınal r	eturn	
	☐ Change in accounting period					
	te in detail why you need the extension				3 0	OVDI TIME
		<u>GATHE</u>	R DATA REQUIRED TO 1	<u> . TTR</u>	A C	DWLTELE
<u>A1</u>	ID ACCURATE RETURN.					
				I	I	
	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			12,000.
	nrefundable credits See instructions			8a	\$	12,000.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,					
	payments made. Include any prior year overpayment al	llowed as	a credit and any amount paid	8b	\$	12,000.
	eviously with Form 8868		th the farm of required by using	- 80	3	12,000.
	lance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using	8c	\$	0.
	FPS (Electronic Federal Tax Payment System) See instr	ature at	nd Verification	1 00	<u>Ψ</u>	
Under non	alties of perjury, I declare that I have examined this form, include			ne hest o	of my knov	vledge and belief.
it is true, c	orrect, and complete, and that I am authorized to prepare this f	orm.	panying conceded and statements, and to the	.5 250. 0	, 111101	
Signature	_			Date	•	
Cignaturo	1110	<u></u>				m <b>8868</b> (Rev. 1-2011)

023842 01-16-12