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Form **990-PF**

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning						, and e	nding					
G	Check	all that apply:	Initial return		Initial return of a former public charity				Final retur	'n		
			Amended ret	urn					Name change			
Na	me of	foundation						A Emplo	yer identificatio	on number		
		NOLAND M						1	<u>-604859</u>	7		
Nui	nber ar	nd street (or P O box numl			,	0.0	Room/suite		one number	•		
-		11832 RO		NG DR	IVE, SUITE 1	06	<u></u>		7240565			
Cit	y or to	own, state, and ZIP cod		226	٥٢			1		pending, check here		
	Theel.	NEWPORT :			empt private foundation				ign organization			
H '	_	type of organization: ction 4947(a)(1) none:			empt private foundation Other taxable private founda	ntion		chec	k here and attach o	neeting the 85% test, computation		
<u> </u>		rket value of all assets		J Accounti		X Accr	าเลโ			tatus was terminated		
		Part II, col (c), line 1	- I		her (specify)	LAS ACCI	uai					
	\$	9.0	05.252.		mn (d) must be on cash l	basis)				a 60-month termination 1)(B), check here		
		Analysis of Revenue	and Expenses		(a) Revenue and		vestment		Adjusted net	(d) Disbursements		
		(The total of amounts in necessarily equal the am			expenses per books		ome		income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, g	rants, etc., receivi	ed	127,523.				N/A			
	2		dation is not required to a	ittach Sch B	<u>-</u>							
	3	Interest on savings and to cash investments	emporary		68.	_	68.			STATEMENT 1		
	4	Dividends and interes	t from securities		247,705.	24	7,705.			STATEMENT 2		
	5a	Gross rents										
	b	Net rental income or (loss))		1 070 600							
ē	6a	Net gain or (loss) from sali Gross sales price for all			-1,070,623.			ļ				
en	_b	assets on line 6a	6,927	316.								
Revenue	1 7	Capital gain net income (f					0.	<u> </u>				
	8 9	Net short-term-capital Income modifications	yaiii									
	1.1	Gross sales less returns										
	104	end allowances Less Cost of goods sold										
		Gross profit or (loss)	1,:1	-								
	11	Other income	ur		-150.		-150.			STATEMENT 3		
	12_	_Total: Add lines ithir	ough/11		-695,477.	24	7,623.					
-	13	Compensation of officers	, directors, trustees,	etc	0.		0.			0		
	14	Other employee saları	es and wages									
er.		Pension plans, emplo	yee benefits			_		ļ <u></u>				
Sesu		Legal fees										
		Accounting fees		AT 4	7,725.		0.			0		
ũ	_ c	Other professional fee	es STM	AT 5	72,625.	<u> </u>	2,625.			0		
and Administrative Expe	17	Interest	CITI	4T 6	1,030.		0.			0		
1 2	19	Taxes Depreciation and depl		11. 0	1,030.					0		
i <u>:</u>	20	Occupancy	ietion									
1 8	21	Travel, conferences, a	and meetings									
2	22	Printing and publicati	-									
ן מ	23	Other expenses		MT 7	7,197.		4,571.	ļ		0		
; ;	24	Total operating and a					<u> </u>					
		expenses. Add lines			88,577.	7	7,196.			0		
23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid					502,607.		-			337,607		
<u>.</u>	26	Total expenses and o	disbursements.									
	1_	Add lines 24 and 25			591,184.	7	7,196.			337,607		
- -	27	Subtract line 26 from	line 12:									
	1	Excess of revenue over ex	•		-1,286,661.			<u> </u>				
	1	Net investment incor				17	0,427.		- / -			
023	<u> C</u> 501	Adjusted net income			Ab a !	<u> </u>		<u> </u>	N/A	5 000 DE (22)		
12-0	501 07-10	LHA For Paperwo	rk Reduction Act	NOTICE, SEE	the instructions.					Form 990-PF (2010		

5

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	7,598,081.
2	Enter amount from Part I, line 27a	2	-1,286,661.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	1,726,951.
4	Add lines 1, 2, and 3	4	8,038,371.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,038,371.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) H	low ac - Purcl - Dona	lase .) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
a										
SEE ATTACHE	D STAI	EMENTS								
C										_
1										
e										
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss) (f) minus (
.		<u></u>								
,										
3										
6,927,316	_		<u> </u>	7,921,28	4			•		1,070,623
Complete only for assets show		column (h) and owned by			3 •		/\\ C	ouno (C		
Complete only for assets show			T		\dashv				ol. (h) gaın ıot less thaı	
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			l	osses	(from col. (h))
<u> </u>	-		 							
)										
;										
1										
 }			1			-	•		_	1,070,623
		Current	5		\ \				·	
Capital gain net income or (net	capital loss)	If gain, also ente	r in Part I, line)- in Part I, line	<i>7</i> 7		2				1,070,623
Net short-term capital gain or (If gain, also enter in Part I, line	,	, ,	nd (6):		7					
If (loss), enter -0- in Part I, line	8					3			N/A	
Part V Qualification	Under S	ection 4940(e) for	r Reduced	Tax on Net	Inve	estm	nent Inco	me		
as the foundation liable for the s Yes," the foundation does not q	ualify under s	section 4940(e). Do not c	omplete this pa	rt			1			Yes X N
Enter the appropriate amount i	n each colur	nn for each year; see insti	ructions before	making any entrie	es.					
(a) Base period years Calendar year (or tax year begin	ning in)	(b) Adjusted qualifying dis		Net value of no	(c) nchar	ıtable-	use assets		Dıstrıt (col. (b) dıv	(d) oution ratio rided by col. (c))
2009		36	55,607.		7	, 44	3,984.			.04911
2008			04,107.	-			1,520.			.03224
2007			75,057.				9,875.	 		.03428
2006	•	77	(2,559.		<u> </u>	<u> </u>	1,198.	-		.07074
		7.0	38,732.							
2005		<u> </u>	00,134.			, 03	<u>1,996.</u>			.02703
Total of line 1, column (d)								2		.21341
Average distribution ratio for th	ie 5-year bas	e period - divide the total	on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in exis	tence if less	than 5 years						3		.04268
		-								
Enter the net value of noncharr	table-use ass	sets for 2010 from Part X,	, line 5					4		8,247,160
Multiply line 4 by line 3								5		352,014
Enter 1% of net investment inc	ome (1% of	Part I, line 27b)						6		1,704
Add lines 5 and 6								7		353,718
							•	\vdash		333,710
Enter qualifying distributions fr										228 66-
If line 8 is equal to or greater th								8		337,607

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Part VI : Excise Tax Based on Investment Income (S	ection 4940(a), 4940(b), 4940(e), or 4	1948 - see	instru	ctior	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter: (attach cop					
b Domestic foundations that meet the section 4940(e) requirements in Part V	, check here 🕨 🔛 and enter 1%	1		<u>3,4</u>	<u>09.</u>
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organi	zations enter 4% of Part I, line 12, col. (b). 💚				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four	ndations only. Others enter -0-)	2			<u>0.</u>
3 Add lines 1 and 2		3		3,4	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou	ndations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or les	s, enter -0-	5		3,4	<u>09.</u>
6 Credits/Payments:	1 1				
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a 2,935.	.]			
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	4.			
7 Total credits and payments. Add lines 6a through 6d		7		<u>2,9</u>	<u>35.</u>
8 Enter any penalty for underpayment of estimated tax. Check here if F		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower	-	9		4	74.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amo	ount overpaid 🔻 🕨	10			
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded ▶	11			
Part VII-A Statements Regarding Activities				\ <u></u>	
1a During the tax year, did the foundation attempt to influence any national, st	ate, or local legislation or did it participate or interven	e in		Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for			1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the	e activities and copies of any materials publishe	ed or			
distributed by the foundation in connection with the activities.					l <u></u>
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) im					
(1) On the foundation. ► \$ 0. (2) On foun		<u>-</u>			ļ
e Enter the reimbursement (if any) paid by the foundation during the year for	political expenditure tax imposed on foundation				
managers. ► \$			-		
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,		or			•
bylaws, or other similar instruments? If "Yes," attach a conformed cop			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or mo	re during the year?	BT / 7	4a		
b If "Yes," has it filed a tax return on Form 990-T for this year?	during the year?	N/A	4D 5		x
5 Was there a liquidation, termination, dissolution, or substantial contraction	during the year?		3		
 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through a section of the section o	4045) entertial author				
By language in the governing instrument, or	1343) Saustieu einter.				
By state legislation that effectively amends the governing instrument so t	hat no mandatory directions that conflict with the state	שובו מי			
remain in the governing instrument?	hat no mandatory directions that connict with the state	.G 1Q 14	6	х	
7 Did the foundation have at least \$5,000 in assets at any time during the year	ar?		7	X	\vdash
If "Yes," complete Part II, col. (c), and Part XV.					
8a Enter the states to which the foundation reports or with which it is registere	ed (see instructions)				
VA					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	1 990-PF to the Attorney General (or designate)				,
of each state as required by General Instruction G? If "No," attach exp			8b	X	-
9 Is the foundation claiming status as a private operating foundation within the		endar			
year 2010 or the taxable year beginning in 2010 (see instructions for Part)			9		X
10 Did any persons become substantial contributors during the tay year?			10		X

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Onii 990-PF (2010) NOLAND MEMORIAL FOUNDATI			<u>54-6048:</u>	<u> </u>		Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	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	, ,,		s X No					
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		. I					
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		s X No	1					
	509(a)(1), (2), or (3), or section 4940(d)(2)?							
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		₽. .					
the prevention of cruelty to children or animals?		s X No	1					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	n Regulations	37 / 3	-				
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b		<u> </u>		
Organizations relying on a current notice regarding disaster assistance check his								
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —						
expenditure responsibility for the grant?		//A	es 🔲 No 📗					
If "Yes," attach the statement required by Regulations section 53.4945			İ					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract?	ay premiums on	<u></u>	es X No					
a personal denetic contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	orcanal hanofit contract?	Y6	8 LAL NO	6	-	.		
If "Yes" to 6b, file Form 8870.	ersonal benefit contract?		-	<u>6b</u>		X		
·	haltar transaction?	□ v.	es X No					
b If "Yes," did the foundation receive any proceeds or have any net income attribu	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?							
Information About Officers Directors Trust	nagers Highly	N/A	7b		Ь			
Part VIII Paid Employees, and Contractors	co, i odiladion iva	inagers, riigini	,					
List all officers, directors, trustees, foundation managers and their	compensation.							
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	Τ (e) Exp	ense , other		
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ad	count. allowa	, other nces		
		0.11.01.07	- Companies son	 				
SEE STATEMENT 11		0.	O .			0.		
				T-				
						_		
				1				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		1				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans) ac	e) Exp	ense , other		
	devoted to position	(C) Compensation	and deferred compensation	l u	allowa	nces		
NONE								
				1				
				1				
		<u> </u>	<u> </u>					
Fatal number of other employees paid ever REC 000						^		

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	pensation
NONE			
	·····		
			
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produci	I information such as the ed. etc.	Expense	s
1N/A		<u> </u>	
		1	
2		<u>. </u>	
		l	
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 line	es 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Tetal Add lines 1 through 3	.	1	Λ

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Р	Part X Minimum Investment Return (All domestic foundations must complete this part F	oreign found	dations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			· · · · · · · · · · · · · · · · · · ·
а	Average monthly fair market value of securities		1a	8,362,114.
	Average of monthly cash balances	Ī	1b	8,362,114. 10,637.
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)	Ī	1d	8,372,751.
	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	ſ	3	8,372,751.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	Γ	4	125,591.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	Γ	5	8,247,160.
6	Minimum investment return. Enter 5% of line 5	Γ	6	412,358.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for foreign organizations check here and do not complete this part.)	ındatıons and	l certain	
1	Minimum investment return from Part X, line 6		1	412,358.
2a	Tax on investment income for 2010 from Part VI, line 5	,409.		
b				
C			2c	3,409.
3	Distributable amount before adjustments. Subtract line 2c from line 1	Ī	3	408,949.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4	Γ	5	408,949.
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	408,949.
P	Part 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	337,607.
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	Ĺ	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	Ĺ	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	337,607.
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	L	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	337,607.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the	foundation di	ialifies for	the section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2010 from Part X, Inter 7 2 Understructed income if any, as of the end of 2010 a Entire amount to 2009 only 5 10 bit for proxy sers; 3 Excess distributions carryover, if any, to 2010. a From 2005 b From 2006 b From 2006 b From 2009 1 Total of lines 5a through e 4 Qualiforg distributions for 2010 from Part XI, Inter 4 × 5 × 3.7 , 6.07. a Applied to 2009, but not more than line 2a b Applied to undestributed income of prior years (Electron required - see instructions) c Treated as distributions on or 2010 from Part XI, Inter 4 × 6 × 3.37 , 6.07. a Applied to 2009, but not more than line 2a b Applied to undestributed amount of corpus (Electron required - see instructions) c Treated as distributions out of corpus (Electron required - see instructions) d Applied to 2010 distributable amount of Entire and the same amount of the same amount and the same amount of the same amount and the same amount of the same amount and the same amount and the same amount of the same amount and the same amount of the same amount and the same amount and the same amount and the same amount and the same amount			(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
time? 4 way, suit the end of 2010 a Editar amount for 2009 only b Total for prior years: 0 . Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 From 2006 From 2007 1 Total of lines 3a through e 4 Coulshing distributions for 2010 from Part XII, time 4: b = \$ 337,607, a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009 distributible amount e Remaining amount distributed out of corpus (Election required - see instructions) 0 . 5 . 5 . 5 . 5 . 5 . 5 . 5 .	Distributable amount for 2010 from	Part XI.				
2 Undershinded receiver, 4 any, so of the end of 2010 to a Find and Color of the Co						408 949.
Sexess distributions carryover, if any, to 2010: Sexess distributions carryover, if any, to 2010: From 2006		d of 2010				100,545.
3 Excess distributions carryover, if any, to 20 to: a From 2006 b From 2006 b From 2007 f From 2009 1 Total of ines 3 throughe 4 Qualitying distributions for 20 to from Part XII, line 4: ▶ S 337,607. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Electron required - see instructions) c Treated as distributions of corpus c Treated as distributions of corpus C Recent medical as distributions of the corpus c Treated as distributions of the corpus d Applied to 2010 distributed below: 0 . 5 Excess distribution compose consided to 2010 it is an eneal sequent as column (she bear except must be shown in column (sh) 5 Excess distribution compose consided to 2010 it is an eneal sequent as column (she bear except must be shown in column (sh) 5 Excess from 2005 6 Excess form 2007 6 Subtract line 6 from line 6b. Taxable amount - see instructions 7 O. 9 Excess firm 2007 9 Excess from 2007 9 Excess from 2009 1 Applied to 2010 1 Applied to 2010 1 Applied to 2011 1 O. 1 Applied to 2011 1 O. 2 Excess from 2009 1 O. 3 P. Applied to 2011 1 O. 3 P. Amounts treated as distributions out of corpus As an	• • •	10,20,0			0.	
S Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 c From 2009 1 Total of lines 3s through e 4 Qualifying distributions for 2010 from Part XI, I im et . ► ► 3 337 , 607. a Applied to 2019, but not more than line 2a b Applied to 1016/bributions for 2010 from Part XI, I im et . ► ► 3 337 , 607. a Applied to 2019, but not more than line 2a b Applied to 2019, but not more than line 2a b Applied to 2019 distributions out of corpus (Election required - see instructions) 0. d Applied to 2010 distributions out of corpus (Election required - see instructions) 0. d Applied to 2010 distributions out of corpus (Election required - see instructions) 0. 5 Excess distributions out of corpus 3377,607. 5 Excess distributions out of corpus 6 Enter the net total of each column as indicated below: 10 Corpus Address at 4a, and 4a Submet line 5 10 Prior years' undistributed income. Subtract line 4b from line 2 10 C Enter the amount of pror years' 10 C Enter the amount of ye		-			•	
3 Excess distributions carryover, if any, to 2010: a From 2005 b From 2006 e From 2007 f 2008 e From 2009 1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: No. 337, 607. a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 0. d Applied to 2010 distributed but of corpus Election required - see instructions) 0. d Applied to 2010 distributed mount e Remaining amount distributed out of corpus f the mount agrees in review of the same amount e Remaining amount distributed out of corpus f for instructions and the same amount e Remaining amount distributed in the same amount e Center the amount of prior years' undistributed in come for which a notice of distribution amount of prior years' undistributed income for which a notice of distribution amount of prior years' undistributed in come for which a notice of distribution amount of prior years' undistributed in amount of prior years' undistributed in come for which a notice of distribution amount of prior years' undistributed in amount of prior years' undistributed in come for which a notice of distribution amount of prior years' undistributed in amount of prior years' undistributed in amount of prior years' undistributed in amount of prior years' undistri	g rounter prior yours.			n		
a From 2005 b From 2006 e From 2007	3 Excess distributions carryover, if ar	_ nv. to 2010:		0.		-
From 2006	- 1 * · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
e From 2007 d From 2008 e From 2009 f Total of lines 3 althrough e 1 110 , 385 . 4 Qualifying distributions for 2010 from Part XII, tine 4; ▶ \$ 337 , 607 . a Applied to midstributed mome of prior years (Election required - see instructions) d Applied to distributable amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2010 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions out of the season amount indicated below. The season of applied on the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season amount indicated below. The season of applied in the season applied in th						
From 2008	-	1 385				
From 2009		0,303.				
1 Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, Ind. ** * \$ 337,607. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2010 distributiable amount e Remaining amount distributed out of corpus Election and the service of the search of the	· ·					
4 Qualifying distributions for 2010 from Part XII, Ind. 4: PS 337,607. a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior 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 5 Eroses distributions carryover applied to 2010 71,342. 71,342. 71,342. 71,342. 71,342. 71,342. 71,342. 6 Enter the net total of each column as indicated below. 6 Ceptus Additional 4c, and 4e Subtract line 5 b Prior years' undistributed income in which a nobe of deficiency has been inseued, or on which the section 492(2) lax has been previously assessed 9 Subtract line 6 from line 6b. Taxable amount the 4a from line 2b. Taxable amount rese instructions 1 Undistributed morne for 2009. Subtract line 4a from line 20. Taxable amount must be distributed morne for 2009. Subtract line 4a from line 2a. Taxable amount must be distributed morne for 2009. Subtract line 4a from line 2a. Taxable amount must be distributed in come for 2009. Subtract line 4a from line 2a from line 6b. Taxable amount must be distributed in come for 2009. Subtract line 4a from line 2a. Taxable amount must be distributed in come for 2009. Subtract line 4a from line 2a. Taxable amount must be distributed in 2011 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 1700/15 (1) for 4942(0)(3) 8 Excess from 2006 9 Excess from 2007 1 Applied in line 5 or line 7 9 Excess distributions carryover from 2005 not applied on line 5 or line 7 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 1 Analysis of lines 7 2 Excess from 2006 Excess from 2008 Excess from 2009	•		110 385			
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a Excess from 2006 b Excess from 2007 c Excess from 2008 d Excess from 2009		<u> </u>	23,013.			
b Excess from 2007 c Excess from 2008 d Excess from 2009	· I					
d Excess from 2008 d Excess from 2009		9,043				
d Excess from 2009						
e excess from 2010	e Excess from 2010	,				

Form 990-PF (2010) NOLAND	MEMORIAL FO	UNDATION		54-60	48597 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	•	▶ └		<u>-</u> ,
b Check box to indicate whether the found		ng foundation described in	•	4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for			•		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		_			
line 4 for each year listed					
d Amounts included in line 2c not			-· -		
used directly for active conduct of				1	
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:					•
 Total support other than gross investment income (interest, 					
dividends, rents, payments on		ļ			
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
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 mo	ore in assets
at any time during	the year-see the	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)			
SEE STATEMENT 12					
b List any managers of the foundation with			or an equally large port	on of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🔛 if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions, o	omplete items 2a, b, c, and	l d
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
NOLAND MEMORIAL FOUN	DATION, 757	-240-5650			
11832 ROCK LANDING I			EWS, VA 23	606	
b The form in which applications should	•				
AUDITED FINANCIAL ST	TATEMENTS	•			
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	
NOLAND MEMORIAL FOUN					RMINED BY
THE TRUSTEES. THERE					

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year	or substantial contributor	recipient						
SEE STATEMENT 13				225 525				
Total b Approved for future payment			▶ 3a	337,607.				
v Approved for luture payment								
Total SEE STATEMENT 14			▶ 3b	965,000.				

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

nter gross amounts unless otherwise indicated.	(a) Business	business income (b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	AIIIUUIIL	code	Amount	function income
a OTHER INCOME FROM FLOW	1				
b THROUGHS			14	-150.	
					
			 		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	1		14	68.	
4 Dividends and interest from securities	<u> </u>		14	247,705.	· ··
			1.4	247,705.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·			
b Not debt-financed property					
6 Net rental income or (loss) from personal	T				
property					
7 Other investment income					
			\vdash		
8 Gain or (loss) from sales of assets other			4 4	1 000 000	
than inventory			18	-1,070,623.	·······
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
					•
	+				
<u> </u>					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		-823,000.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-823,000.
(See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities t	to the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inco			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing lain	33 101 34011 parposes).			
				_	· · · · · · · · · · · · · · · · · · ·
-				1.2	
	<u> </u>				· · · · · · · · · · · · · · · · · · ·
					
					
				<u> </u>	
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					·····
	 -			<u> </u>	

Part X\	/II Information Re Exempt Organi		nsfers To a	and Trans	sactions a	ınd Relati	onships With Non	charitable		aye IS
1 Did th	e organization directly or indir		of the following	ng with any of	her organizatio	n described in	section 501(c) of	- 1	Yes	No
	ode (other than section 501(c)				-		1 36611011 30 1(6) 01		103	140
	fers from the reporting founda			-		ileation.				
(1) 0		orr to a nononana	aoio oxompt or	garnzanon on				1a(1)		X
• •	ther assets							1a(2)	<u> </u>	X
	transactions:							1-1-1		
	ales of assets to a noncharitat	ble exempt organiza	ation					1b(1)		X
	urchases of assets from a nor							1b(2)		X
	tental of facilities, equipment, o		· ·					1b(3)		X
	Reimbursement arrangements							1b(4)		X
	oans or loan guarantees							1b(5)		Х
	erformance of services or me	mbership or fundra	using solicitation	ons				1b(6)		Х
c Shari	ng of facilities, equipment, mai	iling lists, other ass	ets, or paid em	nployees				10		Х
d If the	answer to any of the above is	"Yes," complete the	following sche	edule. Column	(b) should alv	ways show the	fair market value of the go	ods, other as:	sets,	
	vices given by the reporting fo									
colun	nn (d) the value of the goods, o	other assets, or ser	vices received.	<u>.</u>						
a) Line no	(b) Amount involved	(c) Name o	of noncharitable	e exempt orga	inization	(d) Desc	ription of transfers, transaction	s, and sharing a	rangeme	ents
			N/A							
	, ,									
			 							
						_				
						_				
		-								
	foundation directly or indirect	-			exempt organı	zations descrit	ped			_
	ction 501(c) of the Code (other		c)(3)) or in sec	tion 527?				Yes	LX	No
b If "Ye	s," complete the following sche			457	<u> </u>					
	(a) Name of org	anization		(b) Type of	organization		(c) Description of rel	ationsnip		
	N/A									
				+						
				+						
	Under penaltie po perjury, I declare	ethat I have examined	this return, includ	ding accompany	ing schedules an	d statements, an	d to the best of my knowledge	and belief it is to	ue come	
Sign	and complete.	rer (oth that taxpaye				preparer has any		a.a. 50, 11.10 a	40, 00,	~.,
Here	- Flord/	n /lota	~ L		10-17	-11	mpiicmpp			
	Signature of Olicer or tru		thick a		Date		TRUSTEE			
1	Print/Type preparer's na		Preparer's	ionature	Date	Date		PTIN	_	
	· · · · · · · · · · · · · · · · · · ·		1777	MI 1			self- employed			
Paid	PETER ALFE	T.E	11	414		10/10/	1 ' '			
Prepar			AERI &	HOLLAN			Firm's EIN ▶			
Use O		auta, Duk	,		,	• • •	THIN S LIN			
	Firm's address ▶ 22	2 CENTRA	L PARK	AVENUE	SUIT	E 1400				

VIRGINIA BEACH, VA 23462

(757)456-2400

Phone no.

Schedule B (Form 990, 990-EZ, or 990-PE)

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

NOLAND MEMORIAL FOUNDATION 54-6048597 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (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, 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)

Page 1 of 1 of Part I

NOLAND MEMORIAL FOUNDATION

54-6048597

102221	J HENORITIES TOURDITTON	<u> </u>	
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANNE NOLAND EDWARDS 521 S. FAIRFAX STREET ALEXANDRIA, VA 22314	\$27,207.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JANE K. NOLAND 206 JAMES RIVER DRIVE NEWPORT NEWS, VA 23601	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	LLOYD U. NOLAND, III 3 MERRY CIRCLE NEWPORT NEWS, VA 23606	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	LLOYD U. NOLAND, JR. 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	SUSAN C. NOLAND 100 F SCOTT FITZGERALD SQUARE NEWPORT NEWS, VA 23606	\$ 25,028.	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)

Schedule B (Form 990, 990-EZ, or 990-PF) (201)	Schedule B	(Form 990,	990-EZ, or	990-PF)	(2010)
------------------------------------------------	------------	------------	------------	---------	--------

of Part II

Name of organization

Page of of Employer identification number

NOLAND MEMORIAL FOUNDATION

54-6048597

	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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

e of organi	990, 990-EZ, or 990-PF) (2010) Zation		Page of of F Employer identification number			
,						
LAND irt III	MEMORIAL FOUNDATION Exclusively religious, charitable, etc., more than \$1,000 for the year. Comple Part III, enter the total of exclusively religions at 1,000 or less for the year (Enter this in	ete columns (a) through (e) and the follo gious, charitable, etc, contributions of	54-6048597 1(c)(7), (8), or (10) organizations aggregating wing line entry. For organizations completing			
No.	\$1,000 or less for the year (Enter this in	inormation once See instructions)	· · · · · · · · · · · · · · · · · · ·			
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
art I						
		(e) Transfer of gift				
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
) No.	4.20					
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(c) Transfer of sife				
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
-						
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
	(e) Transfer of gift					
		(-,				

		describe the kind(s) of property solo ick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a	STRALEM			1	VARIOUS	VARIOUS
_	STRALEM	"				VARIOUS
	HARDING					VARIOUS
	LEVIN	• .				VARIOUS
	WELLS FARGO					VARIOUS
	MARSHALL & IIS	T.EV				VARIOUS
		NS/LOSSES FROM S	AT FC		VARIOUS	
	ASHBRIDGE SMAL				VARIOUS	
	ASHBRIDGE SMALL		· -		VARIOUS VARIOUS	
<u> </u>	WGI EMERGING M				VARIOUS VARIOUS	
	WGI EMERGING M				VARIOUS VARIOUS	
	PENN CORE OPOR					
					VARIOUS	
	PENN CORE OPOR'				VARIOUS	
	INCOME RESEARCH				VARIOUS	
0	INCOME RESEARC					VARIOUS
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
<u>a</u>	121,359.		119,257.			2,102.
b	1,166,659.		1,109,009.			<u>57,650.</u>
С	246,073.		262,080.			<u>-16,007.</u>
d	376,923.		418,030.			-41,107.
е	49,593.		2.			49,591.
f	3,117,607.		3,011,984.			105,623.
g	1,849,102.		3,000,922.			151,820.
h						32,899.
1						26,957.
1						2,633.
k						21,750.
i I						520.
m						256.
n						7,596.
<u>'''</u>						13,086.
<u> </u>	Complete only for assets showing	ng gain in column (h) and owned by t	the foundation on 12/31/69	(1)) oc	ses (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 o	of col. (h) gain over tot less than "-0-")	r col. (k),
a						2,102.
b				-		57,650.
c						-16,007.
d					<u> </u>	-41,107.
e						49,591.
f						105,623.
g						151,820.
h						32,899.
"					_	26,957.
÷						2,633.
k	•					$\frac{2,033}{21,750}$
^						$\frac{21,730.}{520.}$
<u>-</u>						256.
<u>m</u>		-				$\frac{256.}{7,596.}$
<u>n</u>						
0		<u> </u>				13,086.
2	Capital gain net income or (net ca	apıtal loss) { If gain, also enter -0	in Part I, line 7 I-" in Part I, line 7	2		
3		ss) as defined in sections 1222(5) an	d (6):			
	If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		}	3		

Part IV Capital Gains and Los	sses for Tax on Investment Income			1100 2	
(a) List and	describe the kind(s) of property solick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ASHBRIDGE INTE	RNATIONAL EQUITY				VARIOUS
b ASHBRIDGE INTE	RNATIONAL EQUITY				VARIOUS
С	-				
<u>d</u>					
е		-			
f					
9	<u> </u>				
h					<u> </u>
<u> </u>					
<u>k</u>					
m		,		<u></u>	
_ ''''					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)	Gain or (loss) lus (f) minus (g)	<u> </u>
2	(or another,		(0) P		_3 057
a b	- .		 .		$\frac{-3,057}{179,295}$
C					119,293.
d					
e					
f					
g					
h			<u> </u>		
1	•				
1					
<u>k</u>					
<u> </u>					
m					
n					
0		10/04/00			
(i) F.M.V. as of 12/31/69	g gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i)	Gains (excess of	ses (from col. (h)) of col. (h) gain ove ot less than "-0-")	r col. (k),
	as 01 12/3 1/09	over col. (j), if any			
<u>a</u>					<u>-3,057.</u>
<u>b</u>					179,295.
d d					
e					
f	, ,				
9					
h					
1			-		
J			-		
k					
m					
n					
0					
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2	-1,	070,623.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8	column (c).	ad (6):	3	N/A	

INTEREST INCOME FROM PASSTHROUGH 91,087. 0. 91, 138,981. 0. 138,	INT :	STATEMEN	NVESTMENTS	RY CASH	ND TEMP	ON SAVINGS A	990-PF INTEREST C	FORM 990-
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT SOURCE GROSS AMOUNT DIVIDENDS COLUMN (AMOUNT DIVIDEND INCOME FROM PASSTHROUGH 17,637. 0. 17, INTEREST INCOME FROM PASSTHROUGH 91,087. 0. 91, VARIOUS 138,981. 0. 138, TOTAL TO FM 990-PF, PART I, LN 4 247,705. 0. 247, FORM 990-PF OTHER INCOME STATEMENT DESCRIPTION REVENUE NET INVEST- ADJUST TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) ADJUST TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	NT	AMOUN					2	SOURCE
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT SOURCE GROSS AMOUNT DIVIDENDS COLUMN (AMOUNT DIVIDEND INCOME FROM PASSTHROUGH 17,637. 0. 17, INTEREST INCOME FROM PASSTHROUGH 91,087. 0. 91, VARIOUS 138,981. 0. 138, TOTAL TO FM 990-PF, PART I, LN 4 247,705. 0. 247, FORM 990-PF OTHER INCOME STATEMENT (A) (B) (C) REVENUE NET INVEST- ADJUST TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	68		_				- JS	VARIOUS
SOURCE GROSS AMOUNT DIVIDENDS AMOUNT DIVIDEND INCOME FROM PASSTHROUGH 17,637. 0. 17, INTEREST INCOME FROM PASSTHROUGH 91,087. 0. 91, VARIOUS 138,981. 0. 138, TOTAL TO FM 990-PF, PART I, LN 4 247,705. 0. 247, FORM 990-PF OTHER INCOME STATEMENT OTHER INCOME FROM FLOW THROUGHS -150150. TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) ADJUST NET INCOME NET INCOME NET INCOME FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME PURPO	68		=	A	3, COL	PART I, LINE	TO FORM 990-PF, E	TOTAL TO
SOURCE GROSS AMOUNT DIVIDENDS AMOUNT	NT 2	STATEMEN	TRITIES	FROM SECT	INTERE	DIVIDENDS AND	990-PF DI	FORM 990-
NATIONS					GROSS		3	SOURCE
FORM 990-PF OTHER INCOME STATEMENT (A) REVENUE NET INVEST- ADJUST PER BOOKS MENT INCOME NET INC OTHER INCOME FROM FLOW THROUGHS -150150. TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	7,637 1,087 8,981	91	0.	087.			EST INCOME FROM PA	INTEREST
TOTAL TO FORM 990-PF, PART I, LINE 11 CA) REVENUE PER BOOKS MENT INCOME NET	7,705	247	0.	705.	2	ART I, LN 4	TO FM 990-PF, PAR	TOTAL TO
DESCRIPTION REVENUE NET INVEST- ADJUST PER BOOKS MENT INCOME NET INCOME NET INCOME NET INCOME NET INCOME TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	NT :	STATEMEN		E	THER IN	0	990-PF	FORM 990-
TOTAL TO FORM 990-PF, PART I, LINE 11 -150150. FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	STED	ADJUS	NET INVEST-	ENUE			IPTION	DESCRIPTI
FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO			-150.	-150.		W THROUGHS	INCOME FROM FLOW	OTHER INC
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARIT DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPO			-150.	-150.	11	PART I, LINE	TO FORM 990-PF, I	TOTAL TO
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME NET INCOME PURPO	INT 4	STATEMEN		EES	COUNTIN	AC	990-PF	FORM 990-
ACCOUNTING 7,725. 0.	•	CHARI	ADJUSTED	INVEST-	NSES	EXPE	IPTION	DESCRIPTI
	0 .			0.	7,725.		NTING	ACCOUNTIN
TO FORM 990-PF, PG 1, LN 16B 7,725. 0.	0 .			0 .	7,725.	LN 16B	RM 990-PF, PG 1, I	TO FORM 9

FORM 990-PF (THER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
INVESTMENT FEES	72,625.	72,625.		0.
TO FORM 990-PF, PG 1, LN 16C =	72,625.	72,625.		0.
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
EXCISE TAX	1,030.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	1,030.	0.		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	2,626. 4,571.	0. 4,571.		0.
TO FORM 990-PF, PG 1, LN 23	7,197.	4,571.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8
FORM 990-PF DESCRIPTION	CORPORAT		OK VALUE	STATEMENT 8 FAIR MARKET VALUE
	CORPORAT		OK VALUE 2,177,211.	FAIR MARKET

FORM 990-PF OT	HER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INCOME RESEARCH & MANAGEMENT CORE	FMV		
BOND FUND		1,140,237.	1,140,237.
STONE HARBOR	FMV	420,475.	420,475.
CALAMOS	FMV	263,368.	263,368.
HARDING LOEVNER	FMV	1,938,622.	1,938,622.
PENN CAPITAL	FMV	268,007.	268,007.
WESTWOOD	FMV	1,279,833.	1,279,833.
LEVIN	FMV	980,459.	980,459.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	6,291,001.	6,291,001.
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	1,275.	0.	0.
TO FORM 990-PF, PART II, LINE 15	1,275.	0.	0.

	LIST OF OFFICERS, DAND FOUNDATION MANAGE		STATI	EMENT 1	11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
LLOYD U. NOLAND, JR. 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	PRESIDENT 0.25	0.	0.	C	0.
SUSAN C. NOLAND 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	VICE PRESIDENT 0.25	0.	0.	C	0.
GAIL NAJARIAN 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	SECRETARY/TREAS	SURER 0.	0.	C	0.
LLOYD U. NOLAND, III 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	C	0.
JANE K. NOLAND 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	C	0.
ANNE NOLAND EDWARDS 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	C	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	(0.
	ART XV - LINE 1A F FOUNDATION MANAGE	RS	STAT	EMENT 1	12

NAME OF MANAGER

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

FORM 990-PF GRANTS AND CONTRIBUTIONS

STATEMENT 13

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AMERICAN RED CROSS 4915 WEST MERCURY BLVD. NEWPORT NEWS, VA 23605	NONE HEALTH & WELFARE	PUBLIC CHARITY	27,000.
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 NORFOLK, VA 23507	NONE HEALTH & WELFARE	PUBLIC CHARITY	100,500.
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187		CHARITABLE FOUNDATION	5,000.
FOODBANK OF THE VIRGINIA PENNINSULA 9912 HOSIER ST NEWPORT NEWS, VA 23601	NONE HEALTH & WELFARE	PUBLIC CHARITY	50,000.
JACKSON-FIELD EPISCOPAL HOME FOR GIRLS 546 WALNUT GROVE DRIVE JARRETT, VA 23867	NONE EDUCATION	PUBLIC CHARITY	1,000.
JAMES RIVER ASSOCIATION 9 S. 12TH STREET, 4TH FLOOR RICHMOND, VA 23219	NONE CONSERVATION	PUBLIC CHARITY	1,000.

PAID DURING THE YEAR

NOLAND MEMORIAL FOUNDATION		54	1-6048597
JAMESTOWN/YORKTOWN FOUNDATION 1607 SOCIETY PO BOX 1607 WILLIAMSBURG, VA 23187	NONE EDUCATION, HISTORICAL PRESERVATION	CHARITABLE FOUNDATION	1,607.
MOUNT VERNON PO BOX 1594 MERRIFIELD, VA 22116	NONE EDUCATION, HISTORICAL PRESERVATION	PUBLIC CHARITY	1,000.
PENINSULA AGENCY ON AGING 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS, VA 23606	NONE HEALTH & WELFARE	PUBLIC CHARITY	3,000.
PENINSULA HABITAT FOR HUMANITY PO BOX 1443 NEWPORT NEWS, VA 23606	NONE HEALTH & WELFARE	PUBLIC CHARITY	2,000.
PENINSULA RESCUE MISSION 3700 HUNTINGTON AVE NEWPORT NEWS, VA 23607	NONE HEALTH & WELFARE	PUBLIC CHARITY	2,000.
SALVATION ARMY (DISASTER RELIEF) 2626 PENNSYLVANIA AVE WASHINGTON, DC 20037	NONE HEALTH & WELFARE	PUBLIC CHARITY	10,000.
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, STE 302 NEWPORT NEWS, VA 23606	NONE HEALTH & WELFARE	PUBLIC CHARITY	15,000.
UVA CENTER FOR POLITICS PO BOX 400806 CHARLOTTESVILLE, VA 22904	NONE EDUCATION	PUBLIC CHARITY	500.
VIRGINIA FOUNDATION FOR INDEPENDANT COLLEGES 8010 RICHMOND ROAD, STE B RICHMOND, VA 23229	NONE EDUCATION	PUBLIC CHARITY	5,000.

NOLAND MEMORIAL FOUNDATION			54-6048597
VIRGINIA LIVING MUSEUM 524 J. CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	NONE EDUCATION	PUBLIC CHARITY	1,500.
VIRGINIA SPECIAL OLYMPICS 3212 SKIPWITH ROAD, STE 100 RICHMOND, VA 23294	NONE HEALTH & WELFARE	PUBLIC CHARITY	1,500.
WHRO PUBLIC TELEVISION 5200 HAMPTON BLVD NORFOLK, VA 23501	NONE EDUCATION	PUBLIC CHARITY	3,750.
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.
COCORAN GALLERY 500 17TH STREET NW WASHINGTON, DC 20006	NONE CULTURE & ART	PUBLIC CHARITY	10,000.
GOLF MUSEUM - JRCC 1500 COUNTRY CLUB BLVD NEWPORT NEWS, VA 23606	NONE CULTURE & ART	PUBLIC CHARITY	10,000.
DARDEN SCHOOL (UVA) P O BOX 400894 CHARLOTTESVILLE, VA 22907	NONE EDUCATION	PUBLIC CHARITY	1,000.
PENINSULA FINE ARTS CENTER 101 MUSEUM DRIVE NEWPORT NEWS, VA 23606	NONE CULTURE & ART	PUBLIC CHARITY	10,000.
THE COLLEGIATE SCHOOL 103 NORTH MOORELAND ROAD RICHMOND, VA 23229	NONE EDUCATION	PUBLIC CHARITY	2,500.

NOLAND MEMORIAL FOUNDATION			54-6048597
PENINSULA READS 11832 FISHING POINT DR., STE 200 NEWPORT NEWS, VA 23606	NONE EDUCATION	PUBLIC CHARITY	1,000.
UVA COLLEGE OF ARTS & SCIENCES P O BOX 400806 CHARLOTTESVILLE, VA 22904	NONE EDUCATION	PUBLIC CHARITY	1,500.
WILLIAM BYRD COMMUNITY HOUSE 224 SOUTH CHERRY ST RICHMOND, VA 23220	NONE HEALTH & WELFARE	PUBLIC CHARITY	500.
VIRGINIA LIVING MUSEUM (DEBT RELIEF) 524 J. CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601	NONE CULTURE & ART	PUBLIC CHARITY	10,000.
HABITAT FOR HUMANITY OF SOUTH HAMPTON ROADS 900 TIDEWATER DRIVE NORFOLK, VA 23504	NONE HEALTH & WELFARE	PUBLIC CHARITY	1,250.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		337,607.

FORM 990-PF

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STATEMENT

APPROVEI	FOR FUTURE PAYMENT			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
BOYS AND GIRLS CLUB OF THE VIRGINIA PENNINSULA FOUNDATION 429 THORNCLIFF DR NEWPORT NEWS, VA 23608	NONE HEALTH & WELFARE	CHARITABLE FOUNDATION	150,000.	
WOODBURY FOREST DISTINGUISHED VISITORS 898 WOODBURY FOREST RD WOODBURY FOREST, VA 22989	EDUCATION	PUBLIC CHARITY	25,000.	
CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS 601 CHILDREN'S LANE NORFOLK, VA 23507	NONE HEALTH & WELFARE	PUBLIC CHARITY	500,000.	
FOODBANK OF THE VIRGINIA PENNINSULA 9912 HOSIER STREET NEWPORT NEWS, VA 23601	NONE HEALTH & WELFARE	PUBLIC CHARITY	200,000.	
HAMPTON ROADS CHAPTER OF THE RED CROSS 4915 WEST MERCURY BLVD. NEWPORT NEWS, VA 23605	HEALTH & WELFARE	PUBLIC CHARITY	50,000.	
VIRGINIA LIVING MUSEUM (DEBT RELIEF) 524 J. CLYDE MORRIS BLVD. NEWPORT NEWS, VA 23601	NONE CULTURE & ART	PUBLIC CHARITY	40,000.	
TOTAL TO FORM 990-PF, PART XV, LI	INE 3B		965,000.	

GRANTS AND CONTRIBUTIONS

Form 886	68 (Rev. 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this be	ox		X
	ly complete Part II if you have already been granted an				3868.	
● If you a	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1)			
Part II	Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the original (no o	opies n	reeded).	
Type or	Name of exempt organization				Employer identification number	
print	NOLAND MEMORIAL FOUNDATION			5	54-6048597	
File by the extended	Number, street, and room or suite no. If a P.O. box,	see instruc	tions.			
due date for	11832 ROCK LANDING DRIVE, S	UITE	106			
filing your return See instructions	City, town or post office, state, and ZIP code. For a NEWPORT NEWS, VA 23606	foreign add	dress, see instructions.			
	,					
Enter the	Return code for the return that this application is for (fi	le a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01				
Form 990)-BL	02	Form 1041-A			80
Form 990)-EZ	03	Form 4720			09
Form 990		04	Form 5227			10
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
STOPED	o not complete Part II if you were not already grante					
• The b	ooks are in the care of NEWPORT NEWS,		832 ROCK LANDING DRI	LVE,	SUITE 10	0 –
	hone No. ► 7572405650	VA 23	FAX No ▶			
-	organization does not have an office or place of business	no in the Lli	·			
	is for a Group Return, enter the organization's four digit			ue ie foi	the whole group	chack this
box ►	. If it is for part of the group, check this box	_	ach a list with the names and EINs of al			
			BER 15, 2011.	11101110	ord the extension	13 101
	r calendar year 2010 , or other tax year beginning		, and ending			
	he tax year entered in line 5 is for less than 12 months,	check reas		Final r	eturn	
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
A	WAITING THIRD PARTY INFORMAT	I NOI	N ORDER TO FILE A CO	MPL	ETE AND	
A	CCURATE TAX RETURN.					
8a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any	Ι		
	nrefundable credits See instructions	, c. cccc, c	more and territarive test, recedently	8a	\$	1,505.
				1		
	payments made. Include any prior year overpayment a					
· · · · · · · · · · · · · · · · · · ·				8b	s	2,935.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using				,		
EF	TPS (Electronic Federal Tax Payment System). See inst	ructions		8c	\$	0.
			nd Verification			
Under per it is true,	nalties of perjury, I declare that I have examined this form, inclu correct, and complete, and that I am authorized to prepare this	ding accom form.	panying schedules and statements, and to th	e best o	f my knowledge and	belief,
Signature	► Title ►	TRUST	EE	Date	•	

Form 8868 (Rev. 1-2011)