

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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.

2010

OMB No. 1545-0052

Force	lend	lar year 2010, or ta	x year beginning			, and e	nding		
G C	eck a	all that apply:	Initial return		Initial return of a fo	rmer public c	harity	Final return	
			Amended return		Address chang	ge		Name change	
Nam	e of t	foundation						A Employer identification	number
:									
<u> </u>					Noble Founda	tion		58-6468818	
Numi	oer an		mber if mail is not delivered to	street a	ddress)		Room/suite	B Telephone number	
<u> </u>		P.O. Bo						404-233-30	11
City	or to	wn, state, and ZIP co						C If exemption application is p	
L		Atlanta						D 1. Foreign organizations	, check here
H CI		type of organization:		$\overline{}$	empt private foundation			Foreign organizations me check here and attach co	mputation
<u> </u>			exempt charitable trust		Other taxable private founda		·····	E If private foundation sta	
		rket value of all asse	·		g method: X Cash	L Accr	uai	under section 507(b)(1)	• •
(irc		Part II, col. (c), line			ner (specify) nn (d) must be on cash l	hacre I		F If the foundation is in a (
	rt l			, colari				under section 507(b)(1)	
[Fa	111	(The total of amounts i	in columns (b), (c), and (d) may amounts in column (a),)	/ not	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes
\neg	1		grants, etc., received	\dashv		3_ 1			(cash basis only)
			, yramis, etc., received oundaboo is not required to attach Sci	,	Constant	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	N/A	2 7 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2
	_	Interest on savings and	•	-	196.	}	196.	* ***	Statement 1
=		cash investments Dividends and interes	est from securities	- 1	58,652.	5	8,652.		Statement 2
2	•	Gross rents	cot nom occarinos .	}	30,032.		0,032.		in with
3		Net rental income or (lo		1			•		15- 11 (1) (5)
· 1	_	•	sale of assets not on line 10	İ	-73,850.	1 3 2 11			
_ a		Gross sales price for all assets on line 6a		ä. t	5.1.2° - 8° 1.42°, 3° -	5. (- y ()	,	3/2	78 7 mg 21 12 5 7 1
SEF A		Capital gain net income		_	WAR LINEY MIL	· · · · · ·	0.		7 300 - 1
_ 1	8	Net short-term capi	tal gain	-		<u></u>	3.33 (3.		\$ 3,1, 2
1	9	Income modification	ns		江南 新城縣 公三	ا بالغياد ا	p 3 (*		Carlotte Carlotte
SCANNED	10a	Gross sales less return and allowances	s		子根"强烈"。"好",		, , , , , , , , , , , , , , , , , , ,	- 1	69 mg
4		Less Cost of goods so	old _		的激热的激化	\$ - 1, 1, 15, 25, 14	7 × 2.	- 3 - 2,	2. 建生物人
ر ا	C	Gross profit or (loss	s)				7.77		
ו	11	Other income							1 - C.
	12	Total. Add lines 1 t	hrough 11		-15,002.	5	8,848.		
	13	Compensation of office	ers, directors, trustees, etc		0.		0.		0.
	14	Other employee sal						<u> </u>	
s	15	Rension Ratis em	dovee benefits	- 1					
nses	16a	Legal lees	ျှင္တု						
Exper		Accounting fees	SOME	3	1,775.		0.		1,775.
ũ	C	offin by general	tees 20 ()	-	· · · · · · · · · · · · · · · · · · ·			- 	
and Administrative	17	nterest	<u> œ</u>		020	 	0.20	 	
stra	18	axes OGDE	21N. LJ	.4	838.	-	838.		0.
Ę	19	Depreciation and di	epietion			 -			
mb/	20	Occupancy				ļ			
ρ	21	Travel, conferences		-				 	
		Printing and public Other expenses	auons Stmt	5	22,269.	1	9 00E	 	2 264
ting		Total operating an		,	44,409.	 	9,005.		3,264.
Operating	24	expenses. Add Ime			24,882.	1	.9,843		5,039.
ဝ	25	Contributions, gifts	-		99,000.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	99,000.
	26	Total expenses an		•		 - · · · · · · · · · · · · · · · · · · 		· · · · · · · · · · · · · · · · · · ·	33,000.
		Add lines 24 and 2			123,882.	1	.9,843		104,039.
	27	Subtract line 26 fro				V. 2 71.70 .			₩= 1/2 x
			er expenses and disbursement	ls	-138.884.		1 ,		
	1		come (if negative, enter -0-)	-		1 3	9,005		
	ŀ		TIE (if negative, enter -0-)	•	年76代表。1757年3月			N/A	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10

2,210,902. Form **990-PF** (2010)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2-story brick wa		d(s) of property sold (e.g. r common stock, 200 shs			(b) Ho P - I D -	w acquired Purchase Donation			(d) Date sold (mo., day, yr.)
								(h) Gain or (loss) (e) plus (f) minus (g) Gains (CoL (h) gain minus (k), but not less than -0-) of Losses (from coL (h)) N/A Ome Onstribution (coL (b) divided b	
See Attached	Stat	ement			ļ				
					-				
					 			,,	
(e) Gross sales price		epreciation allowed (or allowable)		or other basis pense of sale		· · · · · · · · · · · · · · · · · · ·			
 		<u>-</u>			_				
			-		+				
794,372.				868,22	2.				-73,850
Complete only for assets shown		column (h) and owned by	the foundation				I) Gains	(CoL (h) gain	
(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69		cess of col. (i)		cc	il (k), bu	it not less tha	n -0-) or
					\perp				
		·			-+				<u> </u>
					+		 ,		
					 - -				-73,850
		∫ If gain, also ente	r in Part I line 7	7	7				73,030
Capital gain net income or (net c let short-term capital gain or (to	,	¶ If (loss), enter -0)- in Part I, line	7		2			-73,850
f gain, also enter in Part I, line 8			iiu (o <i>)</i> .		1				
	,								
f (loss), enter -0- in Part I, line 8		· 				3		N/A	<u> </u>
art V Qualification (Jnder S	ection 4940(e) for					come	N/A	
	Jnder S	ection 4940(e) for					come	N/A	
art V Qualification (Jnder S te foundation	ection 4940(e) for					come	N/A	
optional use by domestic private ction 4940(d)(2) applies, leave	Jnder S te foundation this part bla	ection 4940(e) for one subject to the section ank.	4940(a) tax on	net investment i	ncome.		come	N/A	
optional use by domestic private ction 4940(d)(2) applies, leave the foundation liable for the sec	Jnder S te foundation this part bla ction 4942	ection 4940(e) for one subject to the section ank.	4940(a) tax on	net investment in	ncome.		come	N/A	
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optional use by domestic private ction 4940(d)(2) applies, leave to the foundation liable for the see es," the foundation does not quite the appropriate amount in	Jnder S te foundation this part blaction 4942 alify under s	ection 4940(e) for one subject to the section ank. tax on the distributable are section 4940(e). Do not come for each year; see instead	4940(a) tax on mount of any ye omplete this paructions before	net investment in ear in the base pe rt.	ncome.		come		Yes X No
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	99(-PF (2010) The Lloyd and Vivian Noble Foundation		6468			age 4
	t;VI- Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see	instruc	tion	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.		25.5			·,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1			ζ -,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%	1	<u> </u>		39	90.
	of Part I, line 27b			- 10	٠٠ ۾	. ~
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			, si,		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3		<u>-</u>	39	90.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			39	90.
	Credits/Payments:	₹ ₂ , "** }	م رده تطاء	7.1 C. C.	31 4	3. 2
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 552.	193	13.	- '		
	Exempt foreign organizations - tax withheld at source 6b	701 7	-			
	Tax paid with application for extension of time to file (Form 8868) 6c	3.	1:0			
	Backup withholding erroneously withheld	1 3	137	્યું કે ક	, 1	
	Total credits and payments. Add lines 6a through 6d	7	i	,	5.0	52.
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8				<u> </u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		 			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9	 		1 (62.
	· · · · · · · · · · · · · · · · · · ·	10	┼		Т.	
	Enter the amount of line 10 to be; Credited to 2011 estimated tax 162. Refunded rt VII: A: Statements Regarding Activities	11				<u>0.</u>
				7/ 1	res	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		1	res	
	any political campaign?			1a	+	X
D	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	d or				
	distributed by the foundation in connection with the activities.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4	·
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				ا: ر	
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.	-				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					~=. ½,
	managers. ► \$0.			1000	-4	The second
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	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			- 1	- 7
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		-	3		<u>_X_</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		-	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Ţ,	I/A .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5		X
	If "Yes," attach the statement required by General Instruction T.			3.		7.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			Start.	¥ 1	
	By language in the governing instrument, or			1 }	1	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law		_ _	-	(~,
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col (c), and Part XV.					٠ ٠,٠
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					, 4
	GA			المسروق)		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			16.7	. 1	25
	of each state as required by General Instruction G? If "No," attach explanation	_		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	•	74 T	v 🚉	7 (£ 3
	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		X
			Fo	rm 990 -	PF (

	990-PF(2010) The Lloyd and Vivian Noble Foundation 58-64	<u>688</u> 18] [Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A		——————————————————————————————————————	
14	The books are in care of ► Vivian N. DuBose Telephone no. ► 404-	233-3	3011	
		31126		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in heu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	ì	I/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	·	-	7
	the foreign country	İ	215	
Pa	nrt VII-B [*] Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	· /	Yes	No
1a	During the year did the foundation (either directly or indirectly):		کام میں دو ا اس اور اس	#\\ #\\ .
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	o '~		, ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	-		વારે _{૧૪૦} ૧૧૪ વ્યક્ત
	a disqualified person?	o ´		. ,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	0	\ <u>`</u>	٠,٠
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0	. =	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	0		<u> </u>
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	:	1 -,	
	termination of government service, if terminating within 90 days.)	0	;	, ,
ı	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		47.74.2.4 1.2.4.2.4	·
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here] [-;-	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			T) .
	before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			,5k
	defined in section 4942(j)(3) or 4942(j)(5)):		1	
;	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		`	2
	before 2010?	0		٠.
	If "Yes," list the years - , , , , , , , ,		1	
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect]		[
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	· '		45 ·
	statement - see instructions.)	<u>2b</u>		<u> </u>
-	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			,
	>	ľ	1 1- 7	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	lo		,
	b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	İ		1:1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ļ,	.,	3.55
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	i i	1	
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	1		<u>L</u> .
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		-	1,772
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х

Form 990-PF (2010) The Lloyd and Vivian Nob			58-646881	. 8 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:			3.3	4 3 3
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s 🗶 No 🕌	ž 3.
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,	Pari C	
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No	(g) (g)
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		-	3
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s 🗶 No 🤺	
(5) Provide for any purpose other than religious, charitable, scientific, literary,			· · · · ·	到 [3]、資
the prevention of cruelty to children or animals?		Ye	s X No	4. 4. 3.
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	1, 3	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check h	ere			1 3
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				20 00 00
expenditure responsibility for the grant?		「/A	s 🔲 No 🕟	2 32 335
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[``	国 (對)
a personal benefit contract?		☐ Ye	s 🗶 No 👸	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p			6	b X
If "Yes" to 6b, file Form 8870.			· [.	i
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s 🗶 No 🖂	湖-湖海
b If "Yes," did the foundation receive any proceeds or have any net income attribu	stable to the transaction?			b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	1	
1 List all officers, directors, trustees, foundation managers and their	compensation.	***		
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
			1	
See Statement 7		0.	0.	0.
			-	
	<u> </u>	1		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4) 6	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			``	
	1			
	1	}		
]	1		
		1		
Total number of other employees paid over \$50,000			•	0

Form 990-PF (2010) The Lloyd and Vivian Noble Foundation	<u>58-6468</u>	818 Page 7
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 servi	ce	(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 N/A	-	
1 -1/		
2		
3		
A		
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 <u>N/A</u>		
2		
All other program-related investments. See instructions.		*
3		
Total. Add lines 1 through 3	•	0.
	For	m 990-PF (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. For	reign fou	ndations, s	ee instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		१ ५५	-
a Average monthly fair market value of securities		1a	2,105,583.
b Average of monthly cash balances	•	1b	37,790.
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	2,143,373.
e Reduction claimed for blockage or other factors reported on lines 1a and	•	y = 3	
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d		3	2,143,373.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	32,151.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	-	5	2,111,222.
6 Minimum investment return. Enter 5% of line 5		6	105,561.
Part XI— Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here and do not complete this part.)	ndations a	nd certain	
1 Minimum investment return from Part X, line 6		1	105,561.
2a Tax on investment income for 2010 from Part VI, line 5	390.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
b Income tax for 2010. (This does not include the tax from Part VI.)			
c Add lines 2a and 2b		2c	390.
3 Distributable amount before adjustments. Subtract line 2c from line 1	-	3	105,171.
4 Recoveries of amounts treated as qualifying distributions	•	4	0.
5 Add lines 3 and 4	-	5	105,171.
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	105,171.
Part XII Qualifying Distributions (see instructions)			7
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		, s	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	104,039.
b Program-related investments - total from Part IX-B		16	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:	-	- 15	
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	104,039.
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	390
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	103,649.
Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	qualifies for	
4940(e) reduction of tax in those years.		-	

Form **990-PF** (2010)

Part XIII- Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				105,171.
2 Undistributed income, if any, as of the end of 2010	and the state of t	Land Market		
a Enter amount for 2009 only			78,234.	富麗亞人 中国54年
b Total for prior years:		0	E THE STATE OF THE	
3 Excess distributions carryover, if any, to 2010:	A CONTRACTOR OF THE PROPERTY O		等等。 第二章	The state of the s
a From 2005				
b From 2006				
c From 2007				
d From 2008		20 Million - 12 2.		
e From 2009				\$ 100 mg
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from	至之 當時 哲照 医腹腔		一 中国中国中国中国	187 19 19 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
Part XII, line 4: ►\$ 104,039.			大学的 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Applied to 2009, but not more than line 2a		建设整理的	78.234.	
b Applied to undistributed income of prior	TAPAREL SELECT		Markittle de la de	Mark the second
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	2. 4. mar m 2/2, m 2/2 m 3/2	# 16-16-94 (MZ 1-475)	10,46,46,2	13. 4 . 4 1
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	The state of the s	* 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a - 李元 李子·秦	25,805.
e Remaining amount distributed out of corpus	0.	1 Carlo 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	42 1 1 4 1 1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	25,005.
5 Excess distributions carryover applied to 2010	0.	The State of the Art o	7. A T & 1. T & 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	0
(If an amount appears in column (d), the same amount			#13 E 2 7 War 2 3	
must be shown in column (a).)		性學等於可以主義的	经 等的工程。这是	· 中国 [1] (1] [1] [1]
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0 -	LATER SECURITY		
b Prior years' undistributed income. Subtract	5· 禁电子人 激 倒埋	A S Agent and " To I to My Water	1, 32 × 32 % 1, 33, 43	生物疾病 经人工
line 4b from line 2b		0.	在第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	· [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
c Enter the amount of prior years'			了一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	C. T. C. D. C.
undistributed income for which a notice of		:		
deficiency has been issued, or on which	法国联系		Filminia in in	Milking more of the
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	型·克莱尔克·克莱亚克	,	2 T. L. S. S. S. L. S.	
amount - see instructions	· 医基本性 医乳腺	0.	医经验器 经制度	1.6毫克顿状
e Undistributed income for 2009. Subtract line	表现的人类的	REPORT LANGUE STATE	/	
4a from line 2a. Taxable amount - see ınstr.			ĺ 0.	
f Undistributed income for 2010. Subtract	STA ADVINESS	A THE STANSON OF THE	1 # 14 3"	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011	医扩张器 经证证额		域。江东,近代大学	79,366.
7 Amounts treated as distributions out of		建设设置的	意 其似如此 生产的	·····································
corpus to satisfy requirements imposed by				SE THE THE PARTY OF A
section 170(b)(1)(F) or 4942(g)(3)	0.			Jakk a stable town
8 Excess distributions carryover from 2005			Ephane tal	
not applied on line 5 or line 7	0.	[2] 中国	为公司第一名 从	国教制,这种政策的基础
9 Excess distributions carryover to 2011.		1 4 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	्राष्ट्रिक कृष्ट्वानकः कृष्टिः स	1 5 - FT 1 ME, 10 ME
Subtract lines 7 and 8 from line 6a	0	. 国际最后,全国国际		1 522 年於羅 孫62
10 Analysis of line 9:	#436 158 AND	(多数数数字 4.数字数:	2000年 1915年 1915年	
a Excess from 2006	世子神『禮言篇		相關[2]。對對於	[2] 法不及案件
b Excess from 2007	7分数人的强烈	ILEXT PHE	樓里教 款得的	[秦武王教皇子]。
c Excess from 2008			14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
d Excess from 2009] 電水影 (全域電腦			
e Excess from 2010]常点数点点罚款	建筑和公共元元的 。	种学的基本教育	

Form 990-PF (2010) The Llc	yd and Vivi	an Noble Fo	undation		68818 Page 10
Part XIV. Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			. ▶ ∟		
b Check box to indicate whether the foun-		ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	1,0007	ļ ,, <u>-</u> , ,
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		1			
used directly for active conduct of					
exempt activities	ļ				
e Qualifying distributions made directly			1		
for active conduct of exempt activities.		İ			}
Subtract line 2d from line 2c 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" afternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public 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 Inf	ormation (Comple	ete this part only	if the foundatio	n had \$5,000 or m	ore in assets
at any time during				40,000 01 11	
Information Regarding Foundation was List any managers of the foundation was year (but only if they have contributed None)	ho have contributed more		ntributions received by th	e foundation before the cl	ose of any tax
 b List any managers of the foundation w other entity) of which the foundation h 			ı (or an equally large por	tion of the ownership of a	partnership or
None					
2 Information Regarding Contribu Check here ► X if the foundation the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable	e organizations and does		
a The name, address, and telephone nu	·			oonipioto itomis za, s, o, a	
b The form in which applications should	be submitted and inform	ation and materials they	should include:		
c Any submission deadlines:					
 _					
d Any restrictions or limitations on awar	ds, such as by geographi	cal areas, charitable field	s, kinds of institutions, o	r other factors:	

Part XV

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year N/A Public 10,000. Eagle Ranch Operating Fund P.O. Box 7200 Chestnut Mountain, GA 30502 Campus Crusade for Christ N/A Public Operating Fund 8,500. 100 Lake Hart Drive Orlando, FL 32832 Leading the Way N/A Public 60,000. Operating Fund P.O. Box 20100 Atlanta, GA 30325 Good Samaritan Health N/A Public 10,000. Operating Pund Center 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318 Piedmont Hospital N/A Public 6,000. Operating Fund 1968 Peachtree Street NE Atlanta, GA 30309 Southeastern Legal N/A Public 4,500. Operating Fund Foundation 6100 Lake Forrest Drive, Suite 520 Atlanta, GA 99,000. Total **▶** 3a b Approved for future payment None 0. Total

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
C	<u></u>				
d					
e					
1		· · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	}				
investments			14	196.	
4 Dividends and interest from securities	A 114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atte a state of the second of the terms of the	14	58,652.	
5 Net rental income or (loss) from real estate;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	的编辑了这种主义	-2 -11-2-	香草,此一种	Floring Co. B. C.
a Debt-financed property	<u> </u>				
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	-		 		
7 Other investment income			-		
8 Gain or (loss) from sales of assets other			1.0	E2 050	
than inventory			18	-73,850.	<u> </u>
Net income or (loss) from special events Gross profit or (loss) from sales of inventory			┼		
11 Other revenue:			╂		
a	<u> </u>		 		
b			 -		
c			 		
e			 		
12 Subtotal. Add columns (b), (d), and (e)	可遵忧心。	0.	1889 A	-15,002.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13_	
(See worksheet in line 13 instructions to verify calculations.)	• • •		•		
Part XVI-B Relationship of Activities t	to the Acc	omplishment of E	vomn	t Dumosos	
Tielduoisiip of Activides t	o die Acc	omplishment of L	xeiiip	ruiposes	
Line No. Explain below how each activity for which inco			A contri	buted importantly to the accor	mplishment of
▼ the foundation's exempt purposes (other than	by providing f	unds for such purposes).			
					
	-		-	-	
				·····	
		· · ·			
	-				
					
					
	~				
		 			
				·	_
002804					

Form 990-PF (2010) The Lloyd and Vivian Noble Foundation 58-6468818
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the org	ganization directly or indire	ectly engage in any of the foll	owing with any other organization	described in section 501(c) of	Yes No
	the Code (other than section 501(c)	(3) organizations) or in section	on 527, relating to political organiza	ations?	通道 1 4 0
a	Transfers t	from the reporting founda	ition to a noncharitable exemp	ot organization of:		
	(1) Cash					1a(1) X
	(2) Other	assets	· · ·			1a(2) X
b	Other trans					2 21 22 32
						1b(1) X
	(2) Purch	ases of <mark>assets from a no</mark> r	ncharitable exempt organization	on		1b(2) X
	(3) Renta	l of facilities, equipment, o	or other assets			1b(3) X
	(4) Reimb	oursement arrangements				1b(4) X
					· · · · · · ·	1b(5) X
	(6) Perfor	rmance of services or me	mbership or fundraising solic	itations		1b(6) X
			ıling lists, other assets, or pai			1c X
đ					ays show the fair market value of the goods,	
					in any transaction or sharing arrangement,	show in
	<u>`</u>		other assets, or services recei		T	
a)ı	ine no.	(b) Amount involved		itable exempt organization	(d) Description of transfers, transactions, and	sharing arrangements
_			N/	<u>A</u>		
				·		
						
						······································
					<u> </u>	····
						· · · · · · · · · · · · · · · · · · ·
						
 .				-,		
				·		
						
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				· · · · · · · · · · · · · · · · · · ·		
20	le the four	ndation directly or indirect	the officiated with or related to	, one or more tax-exempt organiza	Ations described	
24			r than section 501(c)(3)) or ir		auons described F	ਦੀ
		omplete the following sch		1 SECTION 321 ?	L	Yes X No
	11 163, 61	(a) Name of org		(b) Type of organization	(c) Description of relations	:hin
_		N/A		(b) Type of organization	(c) Description of relations	nip
_		11/11	7 100			
						
_		,.			-	
	Unde	er penaltres of perjury, I declar	e that I have examined this return,	including accompanying schedules and	statements, and to the best of my knowledge and b	elief, it is true, correct,
S	ign and	complete Declaration of prepa	arer (other than taxpayer or fiduciar	y) is based on all information of which pr	reparer has any knowledge	
	ere	1 Juin De	2-	8-18-	-2011 President	
		Signature of officer or tri	ustee	Date	Title	
	t	Print/Type preparer's na	ame Prepar		Date Check If PTIN	
				p_{1}	self- employed	
P	aid	Christine	W. Pierce	KU WOW	$V(\Delta)$	0436339
P	reparer			& Holland, L.L.		
	se Only				in sem > 50 0	₩ / 3 3 3 3
	•		80 W. Peachti	ree Street, Suit	te 1400	
			lanta, GA 303			209-0954
_					1.1101101101 201	

N/A

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) ta 616.735 shs Europacific Growth Fund Various 02/18/10 b 15,204.376 shs Bond Fund of America 02/18/10 P Various c 2,447.452 shs Fundamental Investors Fund P Various 10/28/10 d 6,901.311 shs Growth Fund of America P Various 10/28/10 e 8,330.248 shs Investment Company of America P Various 10/28/10 12,894.356 shs New Perspective Fund P Various 10/28/10 g Capital Gains Dividends 1 m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 22,591 27,356. -4,765.b 180.628. 200,835. -20,207. 85,000. 78,934 6,066. C d 200,000. 213,279 -13,279.225,000. 261.837. -36,837. е 80,000. 85,981. -5,981.f 1,153. g 1,153. h k 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. (i), if any -4.765.a b -20,207. C 6,066. đ -13,279.-36,837.е f -5,981. 1,153. g h k m Π 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 -73,850. 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).

If (loss), enter "-0-" in Part I, line 8

Form 990-PF Interest on Savin	ngs and Tem	porary Cas	h In	vestments	Statement	1
Source					Amount	
Merrill Lynch				-	19	96.
Total to Form 990-PF, Part I,	line 3, Co	lumn A			19	96.
Form 990-PF Dividend:	s and Inter	est from S	Secur	ities	Statement	2
Source	Gross	Amount		tal Gains vidends	Column (A Amount)
Merrill Lynch	-	59,805.		1,153.	58,6	52.
Total to Fm 990-PF, Part I, 1	n 4	59,805.		1,153.	58,6	52.
Form 990-PF	Accounti	ng Fees			Statement	3
Description	(a) Expenses Per Books	(b) Net Inves		(c) Adjusted Net Incom		
Accounting Fees	1,775.		0.		1,7	75.
To Form 990-PF, Pg 1, ln 16b	1,775.		0.		1,7	75.
Form 990-PF	Tax	es			Statement	4
Description	(a) Expenses Per Books	(b) Net Inves		(c) Adjusted Net Incom		
Foreign Tax	838.		838.			0.
To Form 990-PF, Pg 1, 1n 18	838.		838.			0.

To Form 990-PF, Part II, line 15

Form 990-PF	Other E	Other Expenses			Statement 5			
Description	(a) Expenses Per Books	ses Net Invest-		(c) Adjusted Net Incom				
Administrative fees	264.		0.			64.		
Investment, accounting, & management fee	22,005.				3,0	3,000.		
To Form 990-PF, Pg 1, ln 23	22,269.				3,2			
Form 990-PF	Other	Assets			Statement	6		
Description		ning of k Value		of Year ok Value	Fair Marke Value	:t		
Bond Fund of America Cl A Capital World Bond Fund Cl A Europacific Growth Fund Cl A		221,660. 200,000. 230,778.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,825. 200,000. 203,422.	23,1 199,3 223,2	17.		
Fundamental Investors Fd Cl A Investment Co of America Fd C New Perspective Fd Cl A	Cl A	390,594. 416,279. 255,151.		311,660. 154,442. 169,171.	340,4 141,3 186,2	65. 96.		
Growth America Fd of America iShares Barclays Tips Bond Fu Allianz NFJ Dividend Value Fu	ınd	356,709. 104,161.		143,429. 104,161.	149,4 107,5	20.		
Cl A Allianz NFJ International Val Fund Cl A	lue	0.		225,000. 120,000.	234,2 125,3			
Pimco Global Multi Asset Fund A	i Cl	0.		121,932.	125,2			
Pimco Commodity Real Return Strategy Fund Cl A Pimco All Asset All Authority	7	0.		139,600.	154,0	64.		
Fund Cl A Pimco Unconstrained Bond Fund		0.		195,095.	189,1	27.		
A		0.		69,600.	71,0	07.		

2,175,332.

2,178,337.

2,269,913.

	- List of Officers, Des and Foundation Mana	Statement 7		
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Edward E. Noble P.O. Box 18651 Atlanta, GA 31126	Chairman 0.06	0.	0.	0.
Maria A. Noble P.O. Box 18651 Atlanta, GA 31126	Trustee 0.06	0.	0.	0.
Vivian Noble DuBose P.O. Box 18651 Atlanta, GA 31126	President 2.00	0.	0.	0.
Sam I. DuBose P.O. Box 18651 Atlanta, GA 31126	Trustee 0.06	0.	0.	0.
Virginia N. DuBose P.O. Box 18651 Atlanta, GA 31126	Trustee 0.06	0.	0.	0.
Michael Youssef P.O. Box 18651 Atlanta, GA 31126	Trustee 0.06	0.	0.	0.
Tom Chorey P.O. Box 18651 Atlanta, GA 31126	Trustee 0.06	0.	0.	0.
Totals included on 990-PF,	Page 6, Part VIII	0.	0.	0.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

		<u></u>			<u></u>	
If you a	re filing for an Automatic 3-Month Extension, complete	e only Pa	rt I and check this box			X
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of this	form).		
Do not co	omplete Part II unless you have already been granted a	n automat	ic 3-month extension on a previously file	ed For	m 8868.	
	c filing (e-file). You can electronically file Form 8868 if y			-	•	
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time You can electronically file Fo	orm 88	68 to request an ex	tension
of time to	file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Trans	sfers A	ssociated With Cer	taın
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details on th	e elec	tronic filing of this fo	om,
visit www	.rs.gov/efile and click on e-file for Charities & Nonprofits.					
Part I	Automatic 3-Month Extension of Time	Only sul	omit original (no copies needed).			
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and com	plete		
Part I only	/				•	
	corporations (including 1120-C filers), partnerships, REMI ome tax returns.	ICs, and tr	usts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization	_		Empl	oyer identification	number
print		_		_		
File by the	The Lloyd and Vivian Noble			5	<u>8-6468818</u>	
due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions			
filing your return See	P.O. Box 18651		· · · · · · · · · · · · · · · · · · ·			
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	Atlanta, GA 31126					
						·
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A			08
Form 990)-EZ	03	Form 4720			09
Form 990)-PF	04	Form 5227	•		10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
	Vivian N. DuBos					1'
• The b	ooks are in the care of P.O. Box 18651		lanta GA 31126			
	none No. ► 404-233-3011		FAX No. ► 404-233-3044			
	organization does not have an office or place of business	e in the Ur				[]
	is for a Group Return, enter the organization's four digit				the whole group is	book this
box ►						
	equest an automatic 3-month (6 months for a corporation				ers trie extension is	IOI.
1 116	· ·		tion return for the organization named a		The	
	for the organization's return for:	i Organiza	tion return for the organization named a	bove.	rne extension	
	alendar year 2010 or					
			e.			
-	tax year beginning	, an	nd ending		- •	
2 lf t	he tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return Fina	al retur	n	
Ĺ	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nonrefundable credits See instructions.				3a	\$	390.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	timated tax payments made. Include any prior year over	•		3b	\$	552.
	lance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	\$	0.
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879	EO for payment inst	tructions.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

							
If you	are filing for an Automatic 3-Month Extension, compl	ete only Pa	rt I and check this box			X	
If you	are filing for an Additional (Not Automatic) 3-Month E	xtension, c	omplete only Part II (on page 2 of this	form).			
Do not o	complete Part II unless you have already been granted	an automat	ic 3-month extension on a previously fi	led For	n 8868.		
Electro	nic filing (e-file). You can electronically file Form 8868 i	you need a	3-month automatic extension of time t	o file (6	months for a corpo	ration	
equired	to file Form 990-T), or an additional (not automatic) 3-m	onth extens	ion of time. You can electronically file F	orm 88	68 to request an ex	tension	
of time t	o file any of the forms listed in Part I or Part II with the e	xception of	Form 8870, Information Return for Trar	sfers A	ssociated With Cer	tain	
Persona	Benefit Contracts, which must be sent to the IRS in pa	per format (see instructions). For more details on t	he elect	ronic filing of this fo	жm,	
	w.irs.gov/efile and click on e-file for Charities & Nonprofi						
Part	Automatic 3-Month Extension of Tin	ie. Only sul	omit original (no copies needed).				
-	ration required to file Form 990-T and requesting an aut	omatic 6·mo	nth extension - check this box and con	plete	_		
Part I or	• • • • • • • • • • • • • • • • • • • •				>		
	corporations (including 1120-C filers), partnerships, REcome tax returns.	MICs, and tr	usts must use Form /004 to request ar	n extens	sion of time		
Гуре ог	Name of exempt organization			Empl	Employer identification number		
print							
File by the	The Lloyd and Vivian Noble			51	<u>8-6468818</u>		
due date f	I	see instruct	ions.				
iling your eturn Sea							
nstruction	only, to me of poor office, and an occurrent	foreign add	ress, see instructions.				
	Atlanta, GA 31126						
						حبحت	
Enter th	e Return code for the return that this application is for (ile a separa	te application for each return)			0 4	
Applica	tion	Return	Application			Return	
s For		Code	Is For			Code	
Form 9	90	01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A		·	08	
Form 9		03	Form 4720			09	
Form 9		04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	30-T (trust other than above)	06	Form 8870			12	
	Vivian N. DuB					<u> </u>	
• The	books are in the care of P.O. Box 1865		lanta. GA 31126				
	phone No ► 404-233-3011		FAX No. ► 404-233-3044	1	19		
	e organization does not have an office or place of busine	ess in the Ur					
		it Group Exe				heck this	
• If thi	s is for a Group Return, enter the organization's four dig		emption Number (GEN) If the	nis is for	the whole group, c		
● If thi	s is for a Group Return, enter the organization's four dig	and atta	emption Number (GEN) If the challest with the names and EINs of all	is is for memb	the whole group, c		
● If thi	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporati	and atta	emption Number (GEN) If the sign of all the sign of all to file Form 990-T) extension of time un	nis is for I memb til	the whole group, c ers the extension is		
• If thi	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporati August 15, 2011, to file the exer	and atta	emption Number (GEN) If the challest with the names and EINs of all	nis is for I memb til	the whole group, o		
● If thi box ▶ 1 I	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporati August 15, 2011 , to file the exert for the organization's return for:	and atta	emption Number (GEN) If the sign of all the sign of all to file Form 990-T) extension of time un	nis is for I memb til	the whole group, o		
• If thi box • 1 I	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporati August 15, 2011, to file the exer	and atta on required npt organiza	emption Number (GEN) If the sign of all the sign of all to file Form 990-T) extension of time un	nis is for I memb til	the whole group, o		
• If thi box • 1 I	s is for a Group Return, enter the organization's four dignals in the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 to file the exert for the organization's return for: X calendar year 2010 or	and atta on required npt organiza	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending	nis is for i memb til above.	the whole group, or ers the extension is The extension		
box box local line is	s is for a Group Return, enter the organization's four dignals in the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 to file the exert for the organization's return for: X calendar year 2010 or	and atta on required npt organiza , an	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending	nis is for I memb til	the whole group, or ers the extension is The extension		
box box local line is	s is for a Group Return, enter the organization's four digner of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and the exert of the organization's return for: X calendar year 2010 or tax year beginning	and atta on required npt organiza , an	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending	nis is for i memb til above.	the whole group, or ers the extension is The extension		
If this box 1 !	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 to file the exert for the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period	and atta on required npt organiza , an	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named ad ending Initial return Find the control of the control of the properties of the control o	nis is for i memb til above.	the whole group, or ers the extension is The extension		
1 !	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and the exert of the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 472	and atta on required npt organiza , an	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named ad ending Initial return Find the control of the control of the properties of the control o	nis is for imember till above.	the whole group, or ers the extension is The extension	for.	
1 ! : : : : : : : : : : : : : : : : : :	s is for a Group Return, enter the organization's four dig If it is for part of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and the exert of the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 472 conrefundable credits. See instructions.	and atta on required npt organiza , an , check reas 0, or 6069, e	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending Initial return Find the tentative tax, less any	nis is for i memb til above.	the whole group, or ers the extension is The extension	for.	
• If this box • 1 I I I I I I I I I I I I I I I I I I	s is for a Group Return, enter the organization's four digner of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and the exert of the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 472 conrefundable credits. See instructions.	and atta on required npt organiza , an , check reas 0, or 6069, e	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time unition return for the organization named ad ending Initial return Find the tentative tax, less any arefundable credits and	nis is for member till above.	the whole group, cers the extension is The extension n	390.	
9 If this box 1	s is for a Group Return, enter the organization's four digneral fit is for part of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and to file the exert of the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 472 onrefundable credits. See instructions.	and atta on required npt organiza , an , check reas 0, or 6069, e 69, enter any erpayment a	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named ad ending Initial return Find the tentative tax, less any enter the tentative tax, less and allowed as a credit.	nis is for imember till above.	the whole group, or ers the extension is The extension		
e If this box box 1 1 1 is 1 2 is 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	s is for a Group Return, enter the organization's four digner of the group, check this box request an automatic 3-month (6 months for a corporation August 15, 2011 and the exert of the organization's return for: X calendar year 2010 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 472 conrefundable credits. See instructions.	and atta on required npt organiza , an , check reas 0, or 6069, e 9, enter any erpayment a payment wi	emption Number (GEN) If the challest with the names and EINs of all to file Form 990-T) extension of time untion return for the organization named and ending Initial return Find the tentative tax, less any enter the tentative tax, less and allowed as a credit. Ith this form, if required,	nis is for member till above.	the whole group, cers the extension is The extension n	390.	

LHA

For Paperwork Reduction Act Notice, see Instructions.

orm 8868 (Rev. 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this b	ох		· X	
Note. Only complete Part II if you have already been granted an a						
If you are filing for an Automatic 3-Month Extension, complet						
Part II Additional (Not Automatic) 3-Month Ex	ktensio	of Time. Only file the onginal (no	copies n	eeded).		
ype or Name of exempt organization				Employer identification number		
orint The Lloyd and Vivian Noble F	ounda	ation	5	8-6468818		
Number, street, and room or suite no If a P.O. box, se						
tue date for P.O. Box 18651						
eturn See City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
Atlanta, GA 31126						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application	Return	Application			Return	
s For	Code	Is For			Code	
Form 990	01	a distance of the state	* * * * * * * * * * * * * * * * * * *		2 .	
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	03	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-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 previo	usly file	d Form 8868.		
Vivian N. DuBos	se					
• The books are in the care of ▶ P.O. Box 18651	- At	lanta, GA 31126				
Telephone No ► <u>404-233-3011</u>		FAX No $\blacktriangleright 404 - 233 - 304$	4			
 If the organization does not have an office or place of business 				▶		
 If this is for a Group Return, enter the organization's four digit 	Group Exe	emption Number (GEN) If t	his is foi	the whole group,	check this	
box 🕨 🔛 . If it is for part of the group, check this box 🕨 🔛	and atta	ich a list with the names and EINs of a	ll memb	ers the extension	s for.	
——————————————————————————————————————	Novem	<u>ber 15, 2011</u>				
5 For calendar year 2010 , or other tax year beginning.		, and ending			·	
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	J Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
Additional time is needed to p	prepa	<u>re an accurate retu</u>	rn.			
						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	<u>390.</u>	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1, 5			
tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid	47.4 (h.)			
previously with Form 8868.			8b	\$	<u>552.</u>	
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.	
_		nd Verification				
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fe	ling accom orm.	panying schedules and statements, and to	the best o	f my knowledge and	belief,	
Signature Title			Date	>		
				Form 9969 (Rev. 1-2011\	