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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

Department of the Treasury Internal Revenue Service

101	calendar year 2012 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identificatio	n number
N	OLAND MEMORIAL FOUNDATION			54-604859	7
Nun	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1	1832 ROCK LANDING DRIVE,	SUITE 106		7572405650	0
City	y or town, state, and ZIP code			C If exemption application is	pending, check here
N	IEWPORT NEWS, VA 23606				
G C	Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
	Final return	X Amended return			
	Address change	Name change		2 Foreign organizations m check here and attach or	neeting the 85% test, computation
H C	Check type of organization X Section 501(c)(3) ex			E If private foundation st	
	_	Other taxable private founda	ition	under section 507(b)(1	
Fa	air market value of all assets at end of year J Accounti	ing method Cash	X Accrual	F If the foundation is in a	
	rom Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
	\$ 9,038,879. (Part I, colu	ımn (d) must be on cash b	pasis)		-/(-/, 000
Pa	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purpose (cash basis only)
	1 Contributions, gifts, grants, etc , received	,,,		N/A	***
	2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary			 	Om Nimms ensure
	3 cash investments	2.	2.	 	STATEMENT
	4 Dividends and interest from securities	294,145.	294,145.		STATEMENT
	5a Gross rents	* * *		<u> </u>	the salling of the sall
	b Net rental income or (loss)	·		1 2 3 A	
ne ne	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	359,675.		, * v.4 .	
/en	b Gross sales price for all 3,842,957.	- 1 50 5 F	250 675	37, 77, 20	
Вè	7 Capital gain net income (from Part IV, line 2)	*	359,675.	" , ,	
	8 Net Sport-term capital dain	*** ***			
	9 Income modifications EIVED 10a and silverances	100	WA	, .	** ** ** ** ** ***********************
	· O	\$ ***		· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Revenue	D Less Cost of goods sold			<u> </u>	, , , , ,
	c gross and in orkingse)	70	7.0		CMA DEMENTO
	1 1	-72. 653,750.	<u>-72.</u>		STATEMENT
	12 Total Add lines 1 through [11] 13 Compensation of officers, directors, trustees, etc		653,750.	-	
		0.	0.		
	14 Other employee salaries and wages				
Ś	15 Pension plans, employee benefits			 	
nse	16a Legal fees	7,600.			7,60
Expenses	b Accounting fees STMT 4 c Other professional fees STMT 5	94,466.	94,466.		/,60
		94,400.	94,400.		
Administrative	17 Interest	4,099.	0.		
stra	18 Taxes STMT 6	4,099.	<u> </u>		
Ĕ	19 Depreciation and depletion				
۱d۳	20 Occupancy			-	
and A	21 Travel, conferences, and meetings				
		10,212.	.7,386.		2 02
Operating	23 Other expenses STMT 7	10,414.	./,380.		2,82
era	24 Total operating and administrative	116 277	101 050		10.40
ŏ	expenses Add lines 13 through 23	116,377. 167,257.	101,852.	-	10,42 402,25
	25 Contributions, gifts, grants paid	101,451.			402,25
	26 Total expenses and disbursements	202 624	101 050		112 60
	Add lines 24 and 25	283,634.	101,852.		412,68
	27 Subtract line 26 from line 12	270 116			\$
	Excess of revenue over expenses and disbursements	370,116.	FF1 000		
	b Net investment income (if negative, enter -0-)		551,898.	3T / 3	-
	C Adjusted net income (if negative, enter -0-)	<u> </u>		N/A	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2012)

	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	f year
뜨	arı	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	87,867.	65,466.	
	2	Savings and temporary cash investments	110,930.	807,449.	807,449.
	3	Accounts receivable ►			
		Less. allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		-	
		disqualified persons			
	7	Other notes and loans receivable	, , , , , , , , , , , , , , , , , , , ,	,	
		Less allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	3,440.	8,931.	8,931.
Ÿ	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock STMT 8	1,384,041.	1,248,059.	1,248,059.
	C	Investments - corporate bonds			- -
	11	Investments land buildings and equipment basis	8, 4, 4, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	//s /*** * }}v	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	6,948,285.	6,908,974.	6,908,974.
	14	Land, buildings, and equipment basis ▶	()	Si ujak - dyu	
	1	Less accumulated depreciation			
	15	Other assets (describe ►)			
_	16	Total assets (to be completed by all filers)	8,534,563.		9,038,879.
	17	Accounts payable and accrued expenses	1,881.	3,762.	
	18	Grants payable	705,000.	470,000.	
es	19	Deferred revenue			**
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			,
ap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			,
_	23_	Total liabilities (add lines 17 through 22)	706,881.	473,762.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31			
Jce	1	Unrestricted	7,827,682.	8,565,117.	
alaı	25	Temporarily restricted			
Net Assets or Fund Balance	26	Permanently restricted			
Ē		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31			
ts	27	Capital stock, trust principal, or current funds			
SSE	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
¥,	29	Retained earnings, accumulated income, endowment, or other funds	7 007 600	0 565 117	
ž	30	Total net assets or fund balances	7,827,682.	8,565,117.	
		Takal laskalakan and nak assakalkan dibalan as	0 524 562	0 020 070	
	art	Total liabilities and net assets/fund balances Analysis of Changes in Net Assets or Fund B	8,534,563.	9,038,879.	
					
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	7,827,682.
		amount from Part I, line 27a		2	370,116.
		r increases not included in line 2 (itemize) UNREALIZED	GAIN ON INVEST	IMENTS 3	367,319.
		lines 1, 2, and 3		4	8,565,117.
-		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	8,565,117.

54-6048597 Form 990-PF (2012) NOLAND MEMORIAL FOUNDATION Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co) 1a SEE ATTACHED STATEMENTS b C d (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale C 359,675. 3,842,957 3,483,282 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (ı) Losses (from col (h)) (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any а b C d 359,675. If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 359,675. If (loss), enter -0- in Part I, line 7 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 N/APart V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries. (a)
Base period years
Calendar year (or tax year beginning in) (d) Distribution ratio (b) (c) Net value of noncharitable-use assets Adjusted qualifying distributions (col. (b) divided by col (c)) 430,775 8,803,075 .048935 2011

_	2010	337,607.	8,247,160.		.040936
	2009	365,607.	7,443,984.		.049114
	2008	304,107.	9,431,520.		.032244
_	2007	375,057.	10,939,875.		.034283
2	, , , ,			2	.205512
3	the foundation has been in existence if less	se period - divide the total on line 2 by 5, or by the than 5 years	number of years	3	.041102
4	Enter the net value of noncharitable-use as	sets for 2012 from Part X, line 5		4	8,687,933.
5	Multiply line 4 by line 3			5	357,091.
6	Enter 1% of net investment income (1% o	Part I, line 27b)		6	5,519.
7	Add lines 5 and 6			7	362,610.
8	Enter qualifying distributions from Part XII	, line 4		8	412,683.
	If line 8 is equal to or greater than line 7, c See the Part VI instructions	neck the box in Part VI, line 1b, and complete that	part using a 1% tax rate		

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Form 990-PF (2012) NOLAND MEMORIAL FOUNDATION	ON		<u>54-60485</u>	97 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 (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955), or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instruing Organizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? 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 go a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pure "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax set. b If "Yes," did the foundation receive any proceeds or have any net income attribution. 	4945(e))? If to carry on, directly or indicate If the exceptions described in the exceptions described in the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exceptions described in the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax because it maintate If the exception is the tax	Ye Ye Ye Ye Ye Ye	S X No	5b X
Information About Officers Directors Truste		nagers. Highly		, u
Part VIII Paid Employees, and Contractors	oo, roundadon ma			
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000 NONE	(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
Total number of other employees paid over \$50,000				0

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All other program-related investments. See instructions

Total. Add lines 1 through 3

Form 990-PF (2012) NOLAND MEMORIAL FOUNDATION 54-6048597 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 8,170,881. Average monthly fair market value of securities 1a Average of monthly cash balances 649,356. 1b Fair market value of all other assets 1c 8,820,237. Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 8,820,237. 3 Subtract line 2 from line 1d 3 132,304. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 8,687,933. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 Minimum investment return Enter 5% of line 5 434,397. Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part) 434,397. Minimum investment return from Part X, line 6 1 Tax on investment income for 2012 from Part VI. line 5 5,519. ik k A 4 2a Income tax for 2012. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 5.519. C 20 428,878. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 0. 4 Recoveries of amounts treated as qualifying distributions 4 878. 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 878. Part XII Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 21 × A 412,683. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 0. 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 412,683.

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

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6

5,519.

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. Part XIII Undistributed Income (see instructions)

NOLAND MEMORIAL FOUNDATION

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		*		
line 7				428,878.
2 Undistributed income if any, as of the end of 2012	· · · · · · · · · · · · · · · · · · ·			,
a Enter amount for 2011 only	*		0.	-
b Total for prior years		_	*	
	-	0.		A
3 Excess distributions carryover, if any, to 2012.	×	* •		
a From 2007 37,782.	, , ,			
b From 2008		\$, ,
c From 2009	-			^.
d From 2010				
e From 2011	7. 7. 700			_ ^ ,
f Total of lines 3a through e	37,782.		N-4	*** `
4 Qualifying distributions for 2012 from		•		
Part XII, line 4 ► \$ 412,683.		, ⁴ *******	,	
a Applied to 2011, but not more than line 2a	3 - 2000 00 - 2000	`	0.	* * * * * * * * * * * * * * * * * * *
b Applied to undistributed income of prior		0	94	, , , , , , , , , , , , , , , , , , , ,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		.**		
(Election required - see instructions)	0.			410 602
d Applied to 2012 distributable amount	** 1/4 * 1.2	»	<u> </u>	412,683.
e Remaining amount distributed out of corpus	0.	<i>y</i> ,		16 105
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount	16,195.	3		16,195.
must be shown in column (a))		, š		
6 Enter the net total of each column as indicated below		· .	•	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,587.	*,		
b Prior years' undistributed income Subtract				
line 4b from line 2b	55 E.	0.		. W
c Enter the amount of prior years'				** • **
undistributed income for which a notice of				· · ·
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable	**************************************			\$
amount - see instructions	,	0.		,
e Undistributed income for 2011 Subtract line		*		~**
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract	* * * * * * * * * * * * * * * * * * *			
lines 4d and 5 from line 1. This amount must	5			
be distributed in 2013	\$,400	*		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.	- NO.		
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	21,587.			
9 Excess distributions carryover to 2013				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2008	-			
b Excess from 2009	-			
c Excess from 2010	-			
d Excess from 2011	-			*
e Excess from 2012				Form QQ0-PF (2012)

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Part XIV Private Operating F	oundations (see ins	structions and Part V	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2012, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operation	ng foundation described		4942(j)(3)_or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			İ		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets		:			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public 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 foundatio	n had \$5,000 or m	ore in assets
at any time during t	the year-see instr	ructions.)			
Information Regarding Foundation List any managers of the foundation whyear (but only if they have contributed to SEE STATEMENT 11	no have contributed more		tributions received by th	ne foundation before the clo	ose of any tax
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large por	tion of the ownership of a'p	partnership or
NONE					
2 Information Regarding Contribut Check here ► if the foundation of the foundation makes gifts, grants, etc	only makes contributions t	to preselected charitable	organizations and does	not accept unsolicited required complete items 2a, b, c, an	
a The name, address, and telephone num	·			. , , , ,	
NOLAND MEMORIAL FOUN 11832 ROCK LANDING D	DATION, 757	-240-5650		606	
b The form in which applications should be AUDITED FINANCIAL ST		tion and materials they s	hould include		
c Any submission deadlines NONE					
d Any restrictions or limitations on award NOLAND MEMORIAL FOUN	DATION MAKE	S CONTRIBU	TIONS TO DO	NEES AS DETE	RMINED BY
ישמשעה מששימוומה שאת	IC NO FODMA	I. ADDITCAM	IONI PROCECC		

Part'XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN RED CROSS NONE 509(A)(1) HEALTH & WELFARE 4915 WEST MERCURY BLVD. NEWPORT NEWS, VA 23605 27,000. CAMP HOLIDAY TRAILS NONE 509(A)(1) HEALTH & WELFARE 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903 2,500. CHILDRENS HOSPITAL OF THE KINGS NONE HOSPITAL HEALTH & WELFARE DAUGHTERS 601 CHILDREN'S LANE NORFOLK, VA 23507 100,000. COLONIAL WILLIAMSBURG FOUNDATION NONE 509(A)(2) EDUCATION PO BOX 1776 WILLIAMSBURG, VA 23187 5,000. FOODBANK OF THE VIRGINIA PENNINSULA NONE 509(A)(1) HEALTH & WELFARE 9912 HOSIER ST NEWPORT NEWS VA 23601 50,000. SEE CONTINUATION SHEET(S) ▶ 3a 402,257. Total b Approved for future payment CHILDRENS HOSPITAL OF THE KINGS NONE HOSPITAL HEALTH & WELFARE DAUGHTERS 601 CHILDREN'S LANE NORFOLK, VA 23507 300,000. BOYS AND GIRLS CLUB OF THE VIRGINIA NONE 509(A)(2) HEALTH & WELFARE PENNINSULA FOUNDATION 11825 WARWICK BLVD, STE A NEWPORT NEWS, VA 23606 50,000. FOODBANK OF THE VIRGINIA PENNINSULA NONE 509(A)(1) HEALTH & WELFARE 9912 HOSIER STREET NEWPORT NEWS, VA 23601 100,000. SEE CONTINUATION SHEET(S) **▶** 3b Total 470 000. . Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ded by section 512 513 or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt function income
1 Program service revenue	code	Amount	code	Amount	- lunction income
a					
b	I				
c					
d		 			
e				-	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2.	
4 Dividends and interest from securities			14	294,145.	
5 Net rental income or (loss) from real estate	1 12 1	A STATE OF THE STA	ξ ^ξ y	X	· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					
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					
than inventory	L		18	359,675.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	- T				
a WGI EMERGING MARKETS					
b FUND			18	-72.	
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.	, ,	653,750.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	653,750.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acce	mplishment of Ex	/omn	t Purposos	
rait XVI-D Relationship of Activities t	o the Acct	mpusiment of E	emp	t ruiposes	
Line No Explain below how each activity for which inco	me is reported i	n column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fur	nds for such purposes).			
	-				

2) NOLAND MEMORIAL FOUNDATION 54-6048597 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		,	, , ,		g with any other organizatio		on 501(c) of		Yes	No
					7, relating to political organi	izations?				
а		from the reporting founda	ation to a noncharital	ole exempt org	ganization of					
	(1) Cash							1a(1)		<u>X</u>
	(2) Other							1a(2)		<u>X</u>
	Other tran							45.745		37
		of assets to a noncharitat						1b(1)		X
	. ,	nases of assets from a nor	·	rganization				1b(2)		_ <u>^</u>
	٠,	I of facilities, equipment, o	or other assets					1b(3)		X X X
		bursement arrangements						1b(4)		_ <u></u>
	. ,	s or loan guarantees	mbarahin ar fijadrasi					1b(5)		_ <u>~</u> _
_		rmance of services or mei	•	•				1b(6)		X
	•	f facilities, equipment, mai	•		dule Column (b) should alv	vave chow the fair m	arket value of the goods	1c	·ote	
u					ed less than fair market valu				1615,	
) the value of the goods, (su iess tilali iali illalket valu	t iii ariy transaction	or snaring arrangement, s	HOW III		
-		(b) Amount involved			exempt organization	(d) Description	of transfers transactions and	sharing ar	ranneme	nts
-, -		(5) /	(e) itains si	N/A	onompt organization	(a) Bescription	or translers transactions and	anamig an	angenie	-
			_	IV / A						
					·		·			
-						-				
					.	-				
		-								
						<u> </u>				
_										
	_									
			<u> </u>		•					
22	Is the four	dation directly or indirect	l tly affiliated with or r	elated to one	or more tax-exempt organiz	zations described				
		501(c) of the Code (other	•	•	, ,	Editoris described	Г	Yes	X	No
		omplete the following sche		(0)) 01 111 3001	1011 021		_			_ 110
	11 100, 00	(a) Name of org		_	(b) Type of organization	(c) Description of relations	hip		
		N/A	·			_ 	<u> </u>	· · · · · ·		
		-								
								-		
Sig He	re and be	elief, it is true, correct) and con	nete Declaration of pro-		g accompanying schedules and in taxpayer) is based on all inform	TRUSTE	has any knowledge Ma retu	y the IRS ourn with the own below	e prepar (see ins	er
	Sign	nature of officer or trustee			Date V	Title	Charle Charles			
		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check if PTIN			
D-	id			1111.	1.06	n / 10 / 1	self- employed	0.000	005	
Pa		W. MICHAEL		~/V-C	1 av de	2/14/14		<u>0632</u>		
	eparer	Firm's name CHE	RRY BEKAE	RT LLP		, ,	firm's EIN \triangleright 56 – 0	5744	44	
υS	e Only	Constant and the second	<u> </u>			_ 4466				
		Firm's address ► 22				E 1400	,		٠.	0.0
		UI.	<u>RGINIA BE</u>	ACH, V	A 23462		Phone no (757			
							Fo	rm 99 0)-PF (2012)

Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story br	describe the kind(s) of property solick warehouse, or common stock, 2	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 STRALEM			P		
b HARDING			P		
c HARDING			P		
d LEVIN			P		
e LEVIN			P		
t WESTWOOD			P		
g INCOME RESEARC	H & MGMT		P		
h INCOME RESEARC	H & MGMT		P	_	
POWERSHARES DB	US DOLLAR		P		
J POWERSHARES DB	US DOLLAR		P		
k POWERSHARES DB	US DOLLAR		P		
CALAMOS			P		
m CALAMOS			P		
n BARCLAYS			P		
0 WELLS FARGO		r· ·	P		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)	
a 1,390,593.		1,101,907.			<u> 288,686.</u>
b 640,939.		679,780.			-38,841.
c 82,349.		84,855.			-2,506.
d 754,210.		719,141.			35,069.
e 368,891.		298,836.			_70,055.
<u>1</u> 3,872.					3,872.
g 329.					329
h 30,603.			<u>.</u>		<u>30,603</u> .
3.					3 .
J		2,110.			-2,110.
k		3,166.			-3,166
25,083.		27,315.		 .	-2,232
m 238,462.		260,605.			<u>-22,143</u> .
n 86,839.		100,408.			-13,569.
<u>o</u> 41,806.		38,482.			3,324
(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	sses (from col (h)) of col (h) gaın over not less than "-0-")	col (k),
a		· · · · · · · · · · · · · · · · · · ·			288,686
<u>a</u> b					-38,841
C				 	-2,506
d	·· ··				35,069
e					70,055
f					3,872
g					329
h					30,603
					3.7003.
1					-2,110
k				_	-3,166
					-2,232
m					-22,143
n					-13,569
0					3,324
2 Capital gain net income or (net ca	ipital loss) { If gain, also enter	r in Part I, line 7)-" in Part I, line 7			, , , , , , , , , , , , , , , , , , , ,
	ss) as defined in sections 1222(5) ar column (c)	5			

					990-PF,	
NOLAND MEMORIAI Part IV Capital Gains and			-60485	97 P	AGE 2	OF 2
(a) List	Losses for Tax on Investment Income and describe the kind(s) of property so y brick warehouse, or common stock, 2	old, e g , real estate,		(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo, day, yr)
1a INCOME RESEAR	<u> </u>	ZUU SIIS WILL CU		D - Donation P	(ino, day, yr)	(mo, day, yr /
b STRALEM	CH & MGMT			P		
C			 -			
d						
e						
f						
g						
h						
1						
	· · · · · · · · · · · · · · · · · · ·					
<u>k</u>						
<u> </u>						
<u>m</u>						
<u>n</u>	·					
0	(f) Depreciation allowed	(g) Cost or other basis	,	/h)	Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	·	(e) p	lus (f) minus (g)	
a 840).					840.
b 178,138		166,6	77.			11,461.
С						
d						
е						
<u>f</u>						
<u>g</u>						
<u>h</u>						
<u> </u>						
						
<u>k</u>						
m n	- 					
<u>n</u>				 		
Complete only for assets sho	owing gain in column (h) and owned by	the foundation on 12/31/69		(1) L os	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 of	of col (h) gain over ot less than "-0-")	col (k),
a			- -			840.
b						11,461.
C						
e						
f						-
g						
h						
1						
1						
<u>k</u>						
<u>I</u>		-				
<u>m</u>		-				
<u>n</u>	_			·	-	
0				T		
2 Capital gain net income or (ne	et capital loss) { If gain, also enter "-	er in Part I, line 7 -0-" in Part I, line 7	2			359,675.

N/A

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

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor EDUCATION JACKSON-FIELD EPISCOPAL HOME FOR NONE 509(A)(1) 546 WALNUT GROVE DRIVE 1,000. JARRETT VA 23867 JAMES RIVER ASSOCIATION NONE 509(A)(1) CONSERVATION 9 S. 12TH STREET, 4TH FLOOR RICHMOND, VA 23219 1,000. EDUCATION, HISTORICAL JAMESTOWN/YORKTOWN FOUNDATION SOCIETY NONE 509(A)(1) PO BOX 1607 PRESERVATION WILLIAMSBURG, VA 23187 1,607. EDUCATION, HISTORICAL MOUNT VERNON LADIES ASSOCIATION NONE 509(A)(1) PRESERVATION PO BOX 1594 MERRIFIELD VA 22116 1,000. PENINSULA AGENCY ON AGING NONE 509(A)(1) HEALTH & WELFARE 739 THIMBLE SHOALS BLVD, STE 1006 NEWPORT NEWS VA 23606 3,000. NONE PENINSULA HABITAT FOR HUMANITY 509(A)(1) HEALTH & WELFARE PO BOX 1443 NEWPORT NEWS, VA 23606 2,000. NONE 509(A)(2) PENINSULA RESCUE MISSION HEALTH & WELFARE 3700 HUNTINGTON AVE 2,000. NEWPORT NEWS, VA 23607 SALVATION ARMY NONE 509(A)(1) HEALTH & WELFARE P. O. BOX 7529 10,000. HAMPTON, VA 23666 EDUCATION, HISTORICAL THE MARINERS MUSEUM NONE 509(A)(1) PRESERVATION 100 MUSEUM DR 25,000. NEWPORT NEWS, VA 23606 UNITED WAY OF THE VIRGINIA PENINSULA NONE 509(A)(1) HEALTH & WELFARE 739 THIMBLE SHOALS BLVD, STE 302 NEWPORT NEWS, VA 23606 15,000. Total from continuation sheets 217,757,

Part XV

Supplementary Information

Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor UVA CENTER FOR POLITICS NONE school EDUCATION PO BOX 400806 CHARLOTTESVILLE, VA 22904 500. VIRGINIA FOUNDATION FOR INDEPENDENT NONE 509(A)(2) EDUCATION COLLEGES 8010 RICHMOND ROAD, STE B RICHMOND, VA 23229 5,000. VIRGINIA LIVING MUSEUM NONE 509(A)(1) EDUCATION 524 J. CLYDE MORRIS BLVD NEWPORT NEWS, VA 23601 12,500. VIRGINIA SPECIAL OLYMPICS NONE 509(A)(2) HEALTH & WELFARE 3212 SKIPWITH ROAD, STE 100 RICHMOND, VA 23294 1,500. WHRO PUBLIC TELEVISION NONE 509(A)(3) EDUCATION 5200 HAMPTON BLVD NORFOLK, VA 23501 3,750. WOODBERRY FOREST AMICI FUND NONE SCHOOL HEALTH & WELFARE 898 WOODBERRY FOREST RD WOODBERRY FOREST, VA 22989 2,000. NONE WOODBERRY FOREST SCHOOL SCHOOL EDUCATION 898 WOODBERRY FOREST RD 500. WOODBERRY FOREST, VA 22989 DARDEN SCHOOL (UVA) NONE 509(A)(3) EDUCATION P O BOX 400894 CHARLOTTESVILLE, VA 22907 1,750. PENINSULA FINE ARTS CENTER NONE 509(A)(2) CULTURE & ART 101 MUSEUM DRIVE NEWPORT NEWS, VA 23606 12,500. NONE THE COLLEGIATE SCHOOL school EDUCATION 103 NORTH MOORELAND ROAD 4,500. RICHMOND VA 23229 Total from continuation sheets

Part XV

Supplementary Information

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient PENINSULA READS NONE 509(A)(1) EDUCATION 11832 FISHING POINT DR., STE 200 NEWPORT NEWS VA 23606 1,000. UVA COLLEGE OF ARTS & SCIENCES SCHOOL NONE EDUCATION P O BOX 400806 CHARLOTTESVILLE, VA 22904 1,500. WILLIAM BYRD COMMUNITY HOUSE NONE 509(A)(1) HEALTH & WELFARE 224 SOUTH CHERRY ST RICHMOND VA 23220 500. HABITAT FOR HUMANITY OF SOUTH HAMPTON NONE 509(A)(1) HEALTH & WELFARE ROADS 900 TIDEWATER DRIVE NORFOLK, VA 23504 1,250. BOYS AND GIRLS CLUB OF THE VIRGINIA NONE 509(A)(2) HEALTH & WELFARE PENNINSULA FOUNDATION 11825 ROCK LANDING DRIVE, CHESAPEAKE BLDG. NEWPORT NEWS VA 23606 52,500. CHRIST EPISCOPAL CHURCH NONE 509(A)(3) EDUCATION, HEALTH & 100 W.JEFFERSON ST WELFARE CHARLOTTESVILLE, VA 22902 1,700. DARTMOUTH COLLEGE NONE SCHOOL EDUCATION, HEALTH, & 6016 MCNUTT HALL WELFARE HANNOVER NH 03755 500. BON SECOURS CARE-A-VAN NONE HOSPITAL EDUCATION, HEATH, AND 100 KINGSLEY LANE, STE 204 WELFARE NORFOLK, VA 23505 10,000. LACKEY FREE CLINIC NONE EDUCATION, HEALTH, AND 509(A)(1) 1620 OLD WILLIAMSBURG RD WELFARE YORKTOWN, VA 23690 10,000. WASHINGTON & LEE UNIVERSITY NONE SCHOOL EDUCATION, HEALTH, AND 204 W WASHINGTON ST WELFARE LEXINGTON, VA 24450 2,500. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient EDUCATION, HEALTH, & DREAM CATCHERS NONE 509(A)(1) WELFARE PO BOX 1261 WILLIAMSBURG, VA 23187 30,000. PENINSULA CAMP FUND NONE 509(A)(1) EDUCATION, HEALTH, AND PO BOX 1853- WARWICK STATION WELFARE NEWPORT NEWS, VA 23601 200. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Approved for Fut)	-T	
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	Contribution	
VIRGINIA LIVING MUSEUM (DEBT RELIEF)	NONE	PUBLIC CHARITY	CULTURE & ART	
524 J. CLYDE MORRIS BLVD.				20.000
NEWPORT NEWS, VA 23601		=		20,000.
-				
		 		
		İ		
Total from continuation sheets				20,000

FÖRM 990-PF INTEREST ON SAVINGS A	AND TEM	PORARY C	ASH :	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
VARIOUS				•		2.
TOTAL TO FORM 990-PF, PART I, LINE	E 3, CO	LUMN A		- -		2.
FORM 990-PF DIVIDENDS ANI	O INTER	EST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
DIVIDEND INCOME FROM PASSTHROUGH INTEREST INCOME FROM PASSTHROUGH VARIOUS		29,875. 64,068. 200,202.		0. 0. 0.	29,8 64,0 200,2	68.
TOTAL TO FM 990-PF, PART I, LN 4		294,145.		0.	294,1	45.
FORM 990-PF (OTHER I	NCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	S	(B) NET INVEST- MENT INCOME		
WGI EMERGING MARKETS FUND			-72.	-72	•	
TOTAL TO FORM 990-PF, PART I, LINE	E 11		-72.	-72	•	
FORM 990-PF AC	CCOUNTI	NG FEES		•	STATEMENT	4
EXP	(A) ENSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING	7,600.		0	•	7,6	00.
TO FORM 990-PF, PG 1, LN 16B	7,600.		0	•	7,6	00.
						_

FORM 990-PF C	THER PROFES	SIONAL FEES	···-	STATEMENT !
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
INVESTMENT FEES	94,466.	94,466.		0
TO FORM 990-PF, PG 1, LN 16C =	94,466.	94,466.		0
FORM 990-PF	TAX	ES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
EXCISE TAX	4,099.	0.		0
TO FORM 990-PF, PG 1, LN 18 =	4,099.	0.		0
FORM 990-PF	OTHER E	XPENSES		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
ADMINISTRATIVE OTHER INVESTMENT EXPENSES	2,826. 7,386.	0. 7,386.		2,826
TO FORM 990-PF, PG 1, LN 23	10,212.	7,386.		2,826
FORM 990-PF	CORPORAT	E STOCK		STATEMENT
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE
PENN CAPITAL			309,083.	309,083
WESTWOOD			938,976.	938,976

NEWPORT NEWS, VA 23606

FORM 990-PF OTH	ER INVESTMENTS		STAT	EMENT	-
DESCRIPTION	VALUATION METHOD	BOOK VALU		MARKET ALUE	
CORPORATE STOCKS	FMV	2,469,4	62. 2	,469,46	2
INCOME RESEARCH & MANAGEMENT CORE BOND FUND	FMV	1,254,4	07 1	,254,40	7
STONE HARBOR	F M V	519,8		519,88	
CALAMOS	FMV	,	0.		Ō
HARDING LOEVNER	FMV	1,275,3		,275,39	
LEVIN	FMV	1,034,0		,034,00	
SCHRODER	FMV	355,8	23.	355,82	3
TOTAL TO FORM 990-PF, PART II, LIN	E 13	6,908,9	74. 6	,908,97	4
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DEFOUNDATION MANA		STAT	EMENT	10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
LLOYD U. NOLAND, JR. 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	PRESIDENT 0.25	0.	0.		0
GAIL NAJARIAN 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	SECRETARY/TREA	ASURER 0.	0.		0
LLOYD U. NOLAND, III 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.		0
ANNE NOLAND EDWARDS 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.		0
WALKER J. NOLAND 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.		0
LLOYD C. NOLAND 11832 ROCKLANDING DR	TRUSTEE 0.25	0.	0.		0

NOLAND MEMORIAL FOUNDATION	1		54-6048	597
CHRISTINE EDWARDS 11832 ROCKLANDING DR NEWPORT NEWS, VA 23606	TRUSTEE 0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, E	PAGE 6, PART VIII ===	0.	0.	0.
FORM 990-PF	PART XV - LINE 1A OF FOUNDATION MANAGERS		STATEMENT	11

NAME OF MANAGER

LLOYD U. NOLAND, JR. LLOYD U. NOLAND, III ANNE NOLAND EDWARDS

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No 1545 1709

If you are filing for an Automatic 3-Month Extension, compli	ete only Pa	rt I and check this box			$\triangleright X$	
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 complete Part II unless you have already been granted	an automa	tic 3 month extension on a previous	sly filed Foi	m 8868		
Electronic filing (e-file). You can electronically file Form 8868 if	you need a	3-month automatic extension of tir	ne to file (6	months fo	r a corporation	
equired to file Form 990 T), or an additional (not automatic) 3 me	onth extens	sion of time. You can electronically f	ile Form 88	68 to requ	est an extension	
of time to file any of the forms listed in Part I or Part II with the ex	xception of	Form 8870, Information Return for	Transfers A	ssociated	With Certain	
Personal Benefit Contracts, which must be sent to the IRS in pa						
risit www.irs.gov/efile and click on e-file for Charities & Nonprofit		·				
Part I Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies ne	eded)			
A corporation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension check this box and	complete			
Part I only						
All other corporations (including 1120-C filers), partnerships, REI	MICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	•	
o file income tax returns						
Type or Name of exempt organization or other filer, see instr	uctions		Employer	loyer identification number (EIN)		
print						
NOLAND MEMORIAL FOUNDATION	Ι			<u>54-60</u>	48597	
Number, street, and room or suite no. If a P.O. box,			Social se	curity numb	oer (SSN)	
thing your trust See 11832 ROCK LANDING DRIVE,	SUITE	106				
nstructions City, town or post office, state, and ZIP code For a	foreign add	ress, see instructions				
NEWPORT NEWS, VA 23606						
Enter the Return code for the return that this application is for (fi	le a separat	te application for each return)			0 4	
Application	Return	Application			Return	
s For	Code	Is For			Code	
Form 990 or Form 990 EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (Individual)	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	
		332 ROCK LANDING D	RIVE,	SUITE	E 106 -	
The books are in the care of $ ightharpoons$ NEWPORT NEWS,	VA 236	506				
Telephone No ► <u>7572405650</u>		FAX No 🕨				
If the organization does not have an office or place of busines	ss in the Un	ited States, check this box			▶ ∟	
If this is for a Group Return, enter the organization's four digit	t Group Exe	emption Number (GEN)	If this is for	the whole	group, check this	
pox ▶ ☐ If it is for part of the group, check this box ▶ ☐	and atta	ch a list with the names and EINs o	f all memb	ers the exte	ension is for	
1 I request an automatic 3 month (6 months for a corporation	n required t	to file Form 990-T) extension of time	until			
AUGUST 15, 2013 , to file the exem	pt organiza	tion return for the organization nam	ed above	The extens	ion	
is for the organization's return for						
$ ightharpoons$ $ ightharpoons$ calendar year $ m \underline{2012}$ or						
tax year beginning	, an	d ending				
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on Initial return	Final retur	٦		
Change in accounting period						
3a If this application is for Form 990 BL, 990-PF, 990-T, 4720,	, or 6069, ei	nter the tentative tax, less any				
nonrefundable credits See instructions			3a	\$	11,909.	
h If this application is for Form 200 DE 200 T 4720 or 6060			1 1			
b If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			<u> </u>	
estimated tax payments made. Include any prior year over	payment al	lowed as a credit	3b	\$	8,909.	
• •	payment al	lowed as a credit h this form, if required,	3b	\$	8,909. 3,000.	