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SCANNED AUG 1 9 2015

Form **990-PF**

EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.jrs.gov/form990pf.

Depart Interna	ment of the Treasur I Revenue Service	y Informat	Do not enter	social	I security numbers or D-PF and its separate	n this form as	it may be ma	ade public.	ZU 14
		14 or tax year beginning				, and e		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	e of foundation	ELL FOUNDAT	TON					A Employer identificatio	n number
ATTN: TAX AND RISK MANAGEMENT 20-1897695								<u>, </u>	
Numb		D box number if mail is not o					Room/suite	B Telephone number	
Р.	O. BOX	1908					1	(252) 937-	-2000
City	or town, state or	province, country, and Z			code		l. <u> </u>	C If exemption application is	
	OCKY MOU		302-190	8					
G Ch	eck all that apply			늗	Initial return of a f	ormer public (charity	D 1. Foreign organization	s, check here
		Final retur		F	Amended return			Foreign organizations mechack here and attach c	eeting the 85% test.
		Address c		ال الم	Name change			check here and attach c	omputation
H (1	eck type of orga	nization: A Section (1) nonexempt charitable			private foundation	ation		E If private foundation sta	
1 500		all assets at end of year				X Acci		under section 507(b)(1	
	market value of m Part II, col (•		-	specify)	LAL AUG	uai	F If the foundation is in a	- []
(<i>no</i>					d) must be on cash	basis)		under section 507(b)(1)(b), check here
Par	The total of	f Revenue and Expense: amounts in columns (b), (c), a	s nd (d) may not	T	(a) Revenue and expenses per books	(b) Net in	vestment ome	(c) Adjusted net	(d) Disbursements for charitable purposes
—		qual the amounts in column		 	235,000.	11100			(cash basis only)
	-	is, gifts, grants, etc , rece		<u> </u>	233,000.			N/A	
	 Interest on sa 	If the foundation is not required yings and temporary	to attach Sch B	<u> </u>	142.		142.		STATEMENT 1
	4 Dividends a	_{ents} nd interest from securitie	•		100,939.	1.0	0,939.		STATEMENT 2
	5a Gross rents	na mieresi nom secunie	5		100,555.		0,939.		STATEMENT Z
	b Net rental inco	ome or (loss)							
	_	ss) from sale of assets not on	line 10	╁	249,397.			<u>, </u>	· · · · · · · · · · · · · · · · · · ·
- <u>a</u>	b Gross sales p	nce for all	380.						
Revenue		et income (from Part IV, line 2				24	9,397.	·- · ·	·
~ ~		rm capital gain		·			.,		
	9 Income mod	lifications	·// /===	一	<u> </u>		_		
-	10a Gross sales le and allowance	ss returns RECE	こくにし				_		
	b Less Cost of			Ö					
	c Gross profit	or S AUG 1	2015	ől					
-	11 Other incom	e A Hear	FAIA	(५)					
	12 Total. Add I	ines 1 through 11	h	[5]	585,478.	35	0,478.	<u> </u>	
	-	of officers, directors, trustee	s etc		0.		0.		0.
l l	-	yee salaries and wages							
ഗി	•	ns, employee benefits				_			
nse.	16a Legal fees		3.6m 2		2 200		1 100		1 100
Đ.	b Accounting		MT 3		2,200. 28,074.		1,100.		1,100.
Ш́.	c Other profes	isional tees 51	MT 4	 	20,074.		8,074.		0.
ati.	17 Interest 18 Taxes	Q1	'МТ 5		2,876.	_	1,376.		0.
str		and depletion	.rii J	 	2,070.		1,370.		- 0.
. 를	20 Occupancy	rand depiction						 	
[[erences, and meetings			· · · · · · · · · · · · · · · · · · ·				
P 2	•	publications							
6 g	23 Other expen		мт 6		3,781.		1,645.		0.
計	•	ting and administrative							
Operating and Administrative Expense	•	Add lines 13 through 23			36,931.	3	2,195.		1,100.
o ₂		s, gifts, grants paid			222,864.				1,100.
1		ses and disbursements.							
[Add lines 24	and 25			259,795.	3	2,195.		223,964.
2	27 Subtract line	26 from line 12;							
	a Excess of reve	nue over expenses and disbu	irsements		325,683.				
		ent income (if negative, en				31	8,283.		
	c Adjusted ne	t income (if negative, enter	-0-)					N/A	<u> </u>

Form 990-PF (2014)

ATTN: TAX AND RISK MANAGEMENT

20-1897695

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	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	13,742.	20,006.	20,006.
	2	Savings and temporary cash investments	128,924.	271,300.	271,300.
	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			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	ŀ	Investments - corporate stock STMT 7	110,000.	928,563.	1,088,162.
	i	Investments - corporate bonds		J20, 303.	1,000,102.
	1	Investments - land, buildings, and equipment basis			
	''				
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other STMT 8	3,189,904.	2,547,770.	2,534,684.
		Land, buildings, and equipment; basis	3,103,304.	2,347,770.	2,334,004.
	14				
	4.5	Less accumulated depreciation Other assets (describe ► STATEMENT 9)	6,955.	7,569.	7,569.
	ı	` /	0,333.	1,309.	7,509.
	10	Total assets (to be completed by all filers - see the	2 440 525	2 775 200	2 021 721
	47	instructions. Also, see page 1, item I)	3,449,525.	3,775,208.	3,921,721.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31.			
alances		Unrestricted			
alar		Temporarily restricted			
ě	26	Permanently restricted			
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.	_		
Ş	27	Capital stock, trust principal, or current funds	0.	<u> </u>	
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ž	29	Retained earnings, accumulated income, endowment, or other funds	3,449,525.	3,775,208.	
Se	30	Total net assets or fund balances	3,449,525.	3,775,208.	
	31	Total liabilities and net assets/fund balances	3,449,525.	3,775,208.	
Г	art	Analysis of Changes in Net Assets or Fund Ba	alances		
_					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	3,449,525.
2	Enter	amount from Part I, line 27a		2	325,683.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	nes 1, 2, and 3	-	4	3,775,208.
5	Decre	ases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	3,775,208.
400					Form 990-PF (2014)

3

Part IV Capital Gains	and Losses for Tax on I	nvestmen	t Income						
							acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a CAPTRUST ACCOU					VARI	OUS	VARIOUS		
b CAPTRUST ACCOU	NT RPM-361891-LC	ONG TER	M		I	?	VARI	OUS	VARIOUS
c CAPITAL GAINS	DIVIDENDS								
d				<u> </u>					
e		,		L_,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					iain or (loss s (f) minus	(g)
a 988,239.			967,91						20,326.
b 1,373,234.			1,202,07	0.					171,164.
c 57,907.		<u> </u>	<u> </u>	\dashv					57,907.
_d									
Complete and for accept about	ng gain in column (h) and owned by	the foundation	on 12/21/60						
Complete only for assets snown								Col. (h) gain not less tha	
(ı) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), if any					(from col.	(h)) ´
a			·-						20,326.
_b									171,164.
С									57,907.
									
<u>e</u>		<u> </u>							
2 Capital gain net income or (net ca	If gain, also ente apital loss) If (loss), enter -(er in Part I, line D- in Part I, line	7 7	}[2				249,397.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) a	nd (6):							
If gain, also enter in Part I, line 8,	•	. ,)					
If (loss), enter -0- in Part I, line 8		- David	- KI -	للـ	3			N/A	
	Inder Section 4940(e) fo					ent Inc	come		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	come	-)				
If section 4940(d)(2) applies, leave t	his part blank.								
Was the foundation liable for the sec			•	10d?					Yes X No
If "Yes," the foundation does not qua				ntrine					<u> </u>
(a)	· · · · · · · · · · · · · · · · · · ·	instructions be	lore making any er				· <u>-</u>		(d)
Base periód years	ng in) Adjusted qualifying dis	stributions	Net value of no	(c) nchar		se assets	.	Distri	(d) bution ratio vided by col. (c))
Calendar year (or tax year beginni 2013	<u></u>	96,363.				5,567		(601. (6) 01	• 053264
2012		6,669.				532			.060700
2011		75,688.		3	731	,589	.04708		
2010		9,559.				3,025			.043830
2009		0,868.				,011			.070135
					<u></u>	,		T	
2 Total of line 1, column (d)							2		.275010
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in existe	nce if less than 5 years						3		.055002
4 Enter the net value of noncharitat	ole-use assets for 2014 from Part X,	line 5					4		3,979,778.
5 Multiply line 4 by line 3							5		218,896.
								-	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		3,183.
7 Add lines 5 and 6							7		222,079.
8 Enter qualifying distributions from	n Part XII. line 4						8		223,964.
	11 1 ur (/11) 1110 T						1 0	ľ	ムムションひせき
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, line	e 1b, and comp	lete that part using	g a 1%	% tax ra	te.	<u> </u>		

BODDIE NOELL FOUNDATION

Form 990-PF (3014) ATTN: TAX AND RISK MANAGEMENT		20-189			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b)), 4940(e), or 4	948 - see	instru	ictio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line	1.				
Date of ruling or determination letter: (attach copy of letter if necessary-see instr	uctions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter	r 1%	1		3,1	83.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12	, col. (b).				
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		3,1	83.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		<u>3,1</u>	83.
6 Credits/Payments:					
a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a	2,994.] [
b Exempt foreign organizations - tax withheld at source 6b	_				
c Tax paid with application for extension of time to file (Form 8868)	1,000.				
d Backup withholding erroneously withheld					
7 Total credits and payments. Add lines 6a through 6d		7		3,9	94.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. •	10		8	11.
	1 • Refunded ▶	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pa	rticipate or intervene	ın		Yes	
any political campaign?		-	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction		•	1b		Х
If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any	[,] materials publishe	ed or			
distributed by the foundation in connection with the activities			1		
c Did the foundation file Form 1120-POL for this year?			1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;					ļ
(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.	-			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on foundation				
managers. ► \$0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X_
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of incorporation, o	er			٠,,
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		NT / 7	4a		<u> </u>
b if "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	-	x
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		
If "Yes," attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1 !		
Are the requirements of section 300(e) (retaining to sections 4941 through 4943) Satisfied either: By language in the governing instrument, or					
 By state legislation that effectively amends the governing instrument so that no mandatory directions that c 	conflict with the etate	Jaw	1 /		
remain in the governing instrument?	Johnnet With the State	iaw	6	х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, co	ol (c) and Part XV	,	7	X	
Toda the location have at least \$5,000 in assets at any time during the year. If Tes, Complete Part II, or	JI (C), and Fall AV				
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
NC					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (o	or designate)				
of each state as required by General Instruction G? If "No," attach explanation			86	х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of	or 4942(1)(5) for cale	ndar			
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XI			9		х
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			10		X

BODDIE NOELL FOUNDATION

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P	art 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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		-	
	If "Yes," attach statement (see instructions)	12		х
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 ► WILLIAM L. BODDIE Telephone no ►252-9			
	Located at \triangleright P.O. BOX 1908, ROCKY MOUNT, NC ZIP+4 \triangleright 2	7802		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		/A_	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	l
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
<u> </u>	foreign country			<u> </u>
Pa	art 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
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?			
	(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			
	termination of government service, if terminating within 90 days.) Yes X No			
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	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			
	before the first day of the tax year beginning in 2014?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1.0		
	defined in section 4942(j)(3) or 4942(j)(5)):			
á	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years , , , ,			
t	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			
	statement - see instructions.) N/A	2b		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	ı Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	of "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after		-	
	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		l	
	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,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?			Х
	nau not been terneted from jeopardy belore the instituty of the tax year beginning in 20 141	4b	- 1	Α.

	_			I
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	enter "NONE "		
(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				
	4			
		 	·	
	_			
		 		
	-			ı
Total number of other employees paid over \$50,000			<u> </u>	

Form **990-PF** (2014)

Form 990-PF (2014) ATTN: TAX AND RISK MANAGEMENT		09/095	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE			
NONE		1	
			
			
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 i	nformation such as the	Expenses	
number of organizations and other beneficiaries served, conferences convened, research papers produced	ı, etc.	Lxheiises	
1 N/A			
2			
the state of the s			
3			
<u> </u>			
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	
37/3			
1 N/A			
2			
All other program-related investments. See instructions.			
3			

0.

Total. Add lines 1 through 3

Form 990-PF (2014) ATTN: TAX AND RISK MANAGEMENT 20-1897695 Page 8 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. a Average monthly fair market value of securities 3,746,857. 1a b Average of monthly cash balances 293,527. 1b c Fair market value of all other assets 1c 4,040,384. d 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 0. Acquisition indebtedness applicable to line 1 assets 2 4,040,384. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 60,606. 3,979,778. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 198,989. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here > and do not complete this part.) Minimum investment return from Part X, line 6 198,989. 2a Tax on investment income for 2014 from Part VI, line 5 3,183 2a b Income tax for 2014. (This does not include the tax from Part VI.) 2b 3,183. c Add lines 2a and 2b 2с 195,806. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 0. 195,806. 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 195,806. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 223,964. 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 223,964. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation gualifies for the section

Form **990-PF** (2014)

6

3,183. 220,781.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

BODDIE NOELL FOUNDATION 20-1897695 ATTN: TAX AND RISK MANAGEMENT Page 9 Form 990-PF (2014) Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2013 2013 2014 1 Distributable amount for 2014 from Part XI, 195,806. line 7 2 Undistributed income, if any, as of the end of 2014 106,512. a Enter amount for 2013 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: a From 2009 **b** From 2010 c From 2011 d From 2012 e From 2013 0 f Total of lines 3a through e 4 Qualifying distributions for 2014 from

	(Election required - see instructions)	0.	
	d Applied to 2014 distributable amount		
	e Remaining amount distributed out of corpus	0.	
5	Excess distributions carryover applied to 2014	0.	
	(If an amount appears in column (d), the same amount must be shown in column (a))		
6	Enter the net total of each column as		

0.

223,964.

Part XII, line 4: ►\$

indicated below:

a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior

years (Election required - see instructions) c Treated as distributions out of corpus

4a from line 2a. Taxable amount - see instr.

a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.	
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which			

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 2013. Subtract line		

f Undistributed income for 2014. Subtract			
lines 4d and 5 from line 1. This amount must			
be distributed in 2015	 		78,354.

7	Amounts treated as distributions out of		
	corpus to satisfy requirements imposed by		
	section 170(b)(1)(F) or 4942(g)(3) (Election		
	may be required - see instructions)	0.	_
0	Evenes distributions carryover from 2000		

	may be required - see instructions)	0.	 	
8	Excess distributions carryover from 2009			
	not applied on line 5 or line 7	0.		
9	Excess distributions carryover to 2015.			
	Subtract lines 7 and 8 from line 6a	0.		

a excess distributions (anyuven tu zu is.			
Subtract lines 7 and 8	from line 6a	0.		
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014			_	

117,452.

0.

106,512

0.

BODDIE NOELL FOUNDATION Form 990-PF (2014) ATTN: TAX AND RISK MANAGEMENT 20-1897695 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or 4942(j)(5) Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (e) Total (a) 2014 (b) 2013 (c) 2012 (d)2011 income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of 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 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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\sum \big| X \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If

the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2014) ATTN: TAX AND RISK MANAGEMENT

Part XV Supplementary Information (continued)

20-1897695

Page 11

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
SEE STATEMENT ATTACHED				
SEE STATEMENT ATTACHED				222,864.
Total			▶ 3a	222,864.
b Approved for future payment				
NONE				
	1			
	- 			
Total			. > 3b	0.
			. > 30	

20-1897695 Page 12

Form 990-PF (2014) Part XVI-A

ATTN: TAX AND RISK MANAGEMENT

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		led by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE		
a					
b			-		
C					
d					
e			1		-
f			1		
g Fees and contracts from government agencies			ļļ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			امما	1.40	
investments			14	142. 100,939.	
4 Dividends and interest from securities			14	100,939.	
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property		<u>-</u> .			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other			 		
than inventory			18	249,397.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			I - I		
C					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.		350,478.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	350,478.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Fo	cempi	t Purnoses	"
Relationship of Activities to	o the Acc	omplishment of Ex	(Cilip	t i diposes	
Line No. Explain below how each activity for which incor			contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than I	by providing fu	inds for such purposes).			
	_				
	•				
	<u> </u>				
		-			
				<u> </u>	
		·· · · · · · · · · · · · · · · · ·		 	
					
				<u> </u>	
				· · · · · ·	
423621 11-24-14		· · · · · · · · · · · · · · · · · · ·			Form 990-PF (2014)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

1	Did the	organization directly or indi	rectly engage in any	of the followin	ig with any other organization	on described in secti	on 501(c) of		Yes	No
	the Code	other than section 501(c)(3) organizations) o	r in section 52	27, relating to political organ	izations?	``			
a	Transfer	s from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
	(1) Cas	h						1a(1)		Х
	(2) Oth	er assets						1a(2)		X
b	Other tra	insactions:								
	(1) Sale	es of assets to a noncharita	ble exempt organiza	tion				1b(1)		X
	(2) Pur	chases of assets from a no	incharitable exempt o	organization				1b(2)		X
	(3) Ren	tal of facilities, equipment,	or other assets					1b(3)		X
	(4) Rei	mbursement arrangements						1b(4)		_X
	(5) Loa	ns or loan guarantees						1b(5)		_X_
		formance of services or me		-				1b(6)		X
	_	of facilities, equipment, ma	_		• •			10		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other ass									ets,	
						ie in any transaction	or sharing arrangement, sh	aı wo		
(2)		(d) the value of the goods,				(4) 5				
(a)L	ine no	(b) Amount involved	(c) Name of		e exempt organization	(U) Description	of transfers, transactions, and s	naring ari	angeme	ents
			 	N/A		 				
						-				
										
	<u> </u>		 							
										
						_				
						- 				
									-	
2a		•	•		or more tax-exempt organiz	zations described		_		
	ın sectio	n 501(c) of the Cade (ather	r than section 501(c)	(3)) or in sect	on 527?			Yes	X	□No
b	If "Yes,"	complete the following sch			·					
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationship	р		
		N/A					<u>.</u>			
										
	Unde	er penalties of periury. I declare	that I have examined this	s return, includin	g accompanying schedules and	statements, and to the	best of my knowledge			
Sig					n taxpayer) is based on all inform		has any knowledge May return	the IRS d with the	prepare	er
He		Malliam 1	borlela	ì	18-10-15	Presid		yn below Yes	(see inst	7' i
		nature of officer or trustee	- June	<u> </u>	Date	Title		J res		No
	1 3.5	Print/Type preparer's na		Preparer's si		Date	Check If PTIN			
		CAROLINE P		1 hua	1. dl 11	ĺ	self- employed			
Pa	id	CPA			JUNEARUM !	07/27/15	P00	039	286	
Pre	eparer		MAS, JUDY	& TUC	KER P. A.	•	Firm's EIN ► 56-19			
Us	e Only		-							
		Firm's address ► 47	00 FALLS	OF NEU	SE ROAD SUIT	E 400				
		RA	LEIGH, NC	27609			Phone no. 919-57	1-7	055	
							For	m 990	-PF	(2014)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www irs gov/form990 -

OMB No 1545-0047

2014

Employer identification number

BODDIE NOELL FOUNDATION ATTN: TAX AND RISK MANAGEMENT 20-1897695 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** ☐ For an organization described in section 501(c)(d) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

BODDIE NOELL FOUNDATION

ATTN: TAX AND RISK MANAGEMENT

Employer identification number

20-1897695

Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BODDIE-NOELLE ENTERPRISES, INC. PO BOX 1908 ROCKY MOUNT, NC 27802	*\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Employer identification number

BODDIE NOELL FOUNDATION ATTN: TAX AND RISK MANAGEMENT

20-1897695

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			000 000-E7 oc 000 PE

Name of organization Employer identification number BODDIE NOELL FOUNDATION ATTN: TAX AND RISK MANAGEMENT 20-1897695 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) Ño. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERES	r on savi	NGS AND TEM	PORARY CASH IN	VESTMENTS S	STATEMENT 1
SOURCE		(A REVE PER B	NUE NET IN	(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
CAPTRUST - 090519 CAPTRUST - 361891			126. 16.	126. 16.	
TOTAL TO PART I, LIN	E 3		142.	142.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUR	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOM	
CAPTRUST - 361891	158,846	. 57,90	7. 100,939.	100,939	•
TO PART I, LINE 4	158,846	57,90	7. 100,939.	100,939	•
FORM 990-PF		ACCOUNTI	NG FEES	(STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	_	2,200.	1,100.		1,100.
TO FORM 990-PF, PG 1	, LN 16B =	2,200.	1,100.		1,100.
FORM 990-PF	0'	THER PROFES	SIONAL FEES	Ç	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY FEES		28,074.	28,074.		0.

(A) (B) (C) (D EXPENSES NET INVEST- ADJUSTED CHARIC	TABLE
TO FORM 990-PF, PG 1, LN 18 2,876. 1,376. FORM 990-PF OTHER EXPENSES (A) EXPENSES DESCRIPTION BANK SERVICE CHARGE MISCELLANEOUS 1,500. 0. 1,376. (B) (C) EXPENSES NET INVEST- ADJUSTED CHARICAL EXPENSES MENT INCOME 36. 36. 3745. 1,609.	0.
FORM 990-PF OTHER EXPENSES (A) EXPENSES OTHER EXPENSES (B) EXPENSES OTHER EXPENSES (C) EXPENSES OTHER EXPENSES (D) EXPENSES NET INVEST- ADJUSTED CHARIT PER BOOKS MENT INCOME PURPO BANK SERVICE CHARGE 36. 36. 37.45. 1,609.	0.
(A) (B) (C) (D EXPENSES NET INVEST- ADJUSTED CHARI' PER BOOKS MENT INCOME NET INCOME PURPO BANK SERVICE CHARGE 36. MISCELLANEOUS 3,745. 1,609.	
EXPENSES NET INVEST- ADJUSTED CHARITOR PER BOOKS MENT INCOME PURPORT NET INCOME PURPORT N	เ 6
MISCELLANEOUS 3,745. 1,609.	CABLE
TO FORM 990-PF, PG 1, LN 23 3,781. 1,645.	0.
	0.
FORM 990-PF CORPORATE STOCK STATEMENT	r 7
DESCRIPTION BOOK VALUE FAIR MARI	(ET
CAPTRUST - PIM STOCK 928,563. 1,088	162.
TOTAL TO FORM 990-PF, PART II, LINE 10B 928,563. 1,088	162.
FORM 990-PF OTHER INVESTMENTS STATEMENT	8
VALUATION FAIR MARI DESCRIPTION METHOD BOOK VALUE VALUE	ŒT
CAPTRUST - PIM MUTUAL FUNDS COST 2,547,770. 2,534	684.
TOTAL TO FORM 990-PF, PART II, LINE 13 2,547,770. 2,534	684.

FORM 990-PF	OTHER ASSETS		STATI	EMENT 9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		MARKET ALUE
CAPTRUST - DIVIDEND REC CAPTRUST - CAPITAL GAIN	6,174.	7,56	9.	7,569.
DISTRIBUTION REC	781.		0.	0.
TO FORM 990-PF, PART II, LINE 15	6,955.	7,56	9.	7,569.
	T OF OFFICERS, I		STATI	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM L. BODDIE P.O. BOX 1908 ROCKY MOUNT, NC 278021908	PRESIDENT AND 1.00	DIRECTOR 0.	0.	0.
MICHAEL H. HANCOCK P.O. BOX 1908 ROCKY MOUNT, NC 278021908	VICE PRESIDENT	r AND DIRECTO 0.	0.	0.
PAMELA LARIMER P.O. BOX 1908 ROCKY MOUNT, NC 278021908	SECRETARY AND 1.00	TREASURER 0.	0.	0.
MAYO BODDIE, SR. P.O. BOX 1908 ROCKY MOUNT, NC 278021908	DIRECTOR 1.00	0.	0.	0.
DOUGLAS E. ANDERSON P.O. BOX 1908 ROCKY MOUNT, NC 278021908	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	מסגם אדדד	0.	0.	0.

Form **8868** (Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1545-1709

					1	
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II (on page 2 of	this form)		
Do not o	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fe	orm 8868	
Electror	nic filing _(e-file) . You can electronically file Form 8868 if y	you need	a 3-month automatic extension of tin	ne to file (6 months for a co	orporation
	to file Form 990-T), or an additional (not automatic) 3-mo					
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap					
	v irs gov/efile and click on e-file for Charities & Nonprofits		·		3	
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded)		
A corpor	ation required to file Form 990-T and requesting an autor					
Part I on				·		
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exte	nsion of time	•
	come tax returns		·		er's identifying r	number
Type or	Name of exempt organization or other filer, see instru	ictions			r identification nu	
print	BODDIE NOELL FOUNDATION					(2.1.)
-	ATTN: TAX AND RISK MANAGEM	ENT			20-1897	695
File by the due date fo	Number, street, and room or suite no If a P O box, s	ee instruc	tions	Social se	ecurity number (S	SN)
filing your return See	P. O. BOX 1908				, . (-	,
instructions	City, town or post office, state, and ZIP code For a for ROCKY MOUNT, NC 27802-1908		dress, see instructions.			
						
Enter the	Return code for the return that this application is for (file	a senara	te application for each return)			0 4
	The second section of the second second approaches to the second	o a copare	as application for each retain,			الشاشا
Applicat	ion	Return	Application	-	- ·	Return
ls For		Code	Is For			Code
	O or Form 990-EZ	01	Form 990-T (corporation)	••		07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	• • • • • • • • • • • • • • • • • • • •	04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	D-T (trust other than above)	06	Form 8870			12
1 01111 00	WILLIAM L. BODI		1 01111 007 0		····	12
• The b	ooks are in the care of P.O. BOX 1908		KY MOUNT, NC 27802			
	hone No ► 252-937-2000		Fax No ▶			
	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit			f this is fo	r 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 FINs of	all memb	here the extension	o, check this
	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	untıl		113 101
	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above	The extension	
	or the organization's return for X calendar year 2014 or					
>	tax year beginning	, an	d ending			
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on· 🔲 Initial return 🔲 I	-ınal retui	'n	
	Change in accounting period					
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			
no	nrefundable credits. See instructions			3a	\$	3,183.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	\$	2,994.
c Ra	lance due. Subtract line 3b from line 3a. Include your na	vmont wit	h this form if required			

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions

The Boddie-Noell Foundation For Year Ended 12/31/2014

Statement 11

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR <u>CONTRIBUTION</u>	<u>NET</u> <u>AMOUNT</u>	Letter Receipt
AMERICAN CANCER SOCIETY ATLANTIC, GA	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
AMERICAN RED CROSS - FRED TURNAGE ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$7,500	Yes
BAPTIST CHILDREN'S HOMES OF NC, INC THOMASVILLE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	Yes
BOYS & GIRLS CLUB OF NASH & EDGECOMBE COUNTIES ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
BOYS & GIRLS CLUB OF NORTH CAROLINA LAKE WACCAMAW, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
CAMP SEA GULL / CAMP SEA FARER ARAPAHOE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
CAROLINAS GATEWAY PARTNERSHIP ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,000	Yes
CITY OF ROCKY MOUNT ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,500	Yes
COMMUNITIES IN SCHOOLS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	Yes
CONETOE FAMILY LIFE CENTER ROCK Y MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
DOWNEAST PARTNERSHIP FOR CHILDREN ROCK Y MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
DUCKS UNLIMITED, INC MEMPHIS, TN 3	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$660	Yes
EAST CAROLINA COUNCIL-BOYS SCOUTS OF AMERICA ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$8,000	Yes
EDGECOMBE COMMUNITY COLLEGE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$3,000	Yes
FOUNDATION FOR THE CAROLINAS CHARLOTTE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$17,000	Yes
HARRISON FAMILY YMCA ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
HARRISON FAMILY YMCA ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$12,500	Yes
JACKSON FEILD HOMES RICHMOND, VA	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$4,184	Yes
LAKESIDE BAPTIST ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$500	Yes
MEALS ON WHEELS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
MY SISTERS HOUSE NASHVILLE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes

NASH COMMUNITY COLLEGE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$3,000	Yes
NASH COUNTY HISTORICAL SOCIETY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
NASH HEALTH CARE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,120	Yes
NASH HEALTH CARE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$600	Yes
NASH HEALTH CARE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,840	Yes
NASH HEALTH CARE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$20,000	Yes
NORTH CAROLINA AGRICULTURAL FOUNDATION, INC RALEIGH, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,500	Yes
NORTH CAROLINA WESLEYAN COLLEGE ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	Yes
NORTH CAROLINA WESLEYAN COLLEGE ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$40,000	Yes
PEACE MAKERS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
PREGNANCY CARE CENTER ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	Yes
ROCKY MOUNT ACADEMY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
ROCKY MOUNT ACADEMY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,600	Yes
SPECIAL OLYMPICS NORTH CAROLINA MORRISVILLE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	Yes
TAR RIVER CHORAL AND ORCHESTRAL SOCIETY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,260	Yes
TAR RIVER MISSION CLINIC ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	Yes
THE JESSE HELMS CENTER FOUNDATION WINGATE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
THE TWIN COUNTIES GOD BELONGS IN MY CITY COMMISSION ROCKY MOUNT, NC	O NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	Yes
UNITED COMMUNITY MINISTRIES ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	Yes
UNITED WAY-TAR RIVER REGION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,500	Yes
UNIVERSITY OF NORTH CAROLINA WILMINGTON WILMINGTON, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$20,600	Yes
TOTAL		TOTAL CONTRIBUTIONS DATE		

TOTAL CONTRIBUTIONS PAID \$222,864 Net