or	caler	ndar year 2019 or tax year	r beginning			, and ei	nding		
		f foundation						A Employer identification	n number
		DIE [;] NOELĻ FO							
		N: TAX AND F						20-1897695	. <u> </u>
		ind street (or P O box number i		red to street	address)		Hoom/suite	B Telephone number	
P	<u>os</u>	T OFFICE BOX	1908					(252) 937-	2000
		own, state or province, co			oostal code			C If exemption application is p	ending, check here
R	OC.	KY MOUNT, NO	27802	2				_	
. (heck	call that apply:	Initial return		Initial return of a	former public c	harity	D 1. Foreign organization	s, check here 🕨 🔼
			Final return		Amended return			2 Foreign organizations me	action the 85% test
_			Address chan		Name change			Foreign organizations me check here and attach co	omputation
(_				xempt private foundation		14	E If private foundation sta	
_		ection 4947(a)(1) nonexem	·		Other taxable private found		<u> </u>	under section 507(b)(1)(A), check here $ ightharpoonup$
		arket value of all assets at	end of year J		ing method: Cash	X Accr	ual	F If the foundation is in a	
	om i S	Part II, col (c), line 16)	2 2 4 2 (6		ther (specify) mn (d), must be on cash ba	cic)		under section 507(b)(1)(B), check here ►∟
_	_	Analysis of Revenue an		arti, colui		T			(d) D -b
:o; €	1,4/ J	(The total of amounts in colu necessarily equal the amoun	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net into		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, gran			512,000.	7000000	\$7.000000000000000000000000000000000000	N/A	(cash basis only)
	2	Check X if the foundation			312,000.		~	DOWNSHIP TO A STATE OF THE STAT	**************************************
	3	Interest on savings and tempo			418.	- 1 x x x x x x x x x x x x x x x x x x	418.	**************************************	STATEMENT 1
	4	Dividends and interest fro	om securities		154,053.	154	4,053.		STATEMENT 2
	5a	Gross rents	3111 3000111100		20270001				
	Ь					**************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		Net gain or (loss) from sale of	assats not on line	10	-17,358.	\$200 AND SA		C PEC	MEN
Jue	b	Gross sales price for all assets on line 6a	2,816,				388888		
evenue	7	Capital gain net income (from					0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠٠١٥١
Be	8	Net short-term capital ga				W####		AUG 0	5-2020 99
	9	Income modifications				WW.			
l	10a	Gross sales less returns and allowances			7/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/			S OGDE	NEGIT STATE
	b	Less Cost of goods sold				2000	2000	20000 Non-Million (400 4000)	
		Gross profit or (loss)				33474			
	11	Other income			-862.		-862.		STATEMENT 3
	12	Total. Add lines 1 throug	h 11		648,251.	153	3,609.		
	13	Compensation of officers, dire	ctors, trustees, etc		0.		0.		0.
	14	Other employee salaries a	and wages						
	15	Pension plans, employee	benefits						
Ses.	16a	Legal fees							
ens	b	Accounting fees		T 4	2,250.		L,125.		1,125.
Exp	C	Other professional fees	STM	T 5	34,546.	34	1,546.		0.
ative E	17	Interest			48.		48.		0.
rati	18	Taxes	STM	T 6	6,365.	2	2,132.		0.
nistr	19	Depreciation and depletio	n			ļ			
Admin	20	Occupancy							
		Travel, conferences, and i	meetings						
and	22	Printing and publications						,	
		Other expenses		T 7	2,378.	1	<u>,172.</u>		0.
perating	24	Total operating and adm							
		expenses. Add lines 13 to			45,587.	3.9	,023.	al appropriate 2 Talk and the second control of	1,125.
٩		Contributions, gifts, grant	•		298,793.				298,793.
-	26	Total expenses and disbu	ursements.		244 224				
4		Add lines 24 and 25			344,380.		,023.	2 CONNECT MANY PROPERTY OF THE	299,918.
- 1	27	Subtract line 26 from line	12.						

303,871

114,586.

N/A

2 Excess of revenue over expenses and disbursements

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

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.

Go to www.irs.gov/Form990PF for instructions and the latest information.

91

Form **990-PF** (2019)

19

Form 990-PF (2019)

ATTN: TAX AND RISK MANAGEMENT

Partil Balance Sheets Attached schedules and amounts in the description Beginning of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 17,317. 16,914. 17,317. 1 Cash - non-interest-bearing 18.544. 27,696. 27,696. 2 Savings and temporary cash investments 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 8 5,522,868. 5,756,478: 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► CAPTRUST. - DIVIDEND 5,847. 752 16 Total assets (to be completed by all filers - see the 5,271,762. 5,575,633. 5,809,243 instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here

X and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds ٥. ٥. 27 Paid-in or capital surplus, or land, bldg., and equipment fund 5,271,762. 5,575,633. 28 Retained earnings, accumulated income, endowment, or other funds 5,271,762. 5,575,633. 29 Total net assets or fund balances 5,271,762. 5,575,633 30 Total liabilities and net assets/fund balances Partill Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 29 <u>5,271,762.</u> (must agree with end-of-year figure reported on prior year's return) 303,871. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 5,575,633. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 Form **990-PF** (2019)

20-1897695

Part IV Capital Gains	and Losses for Tax on I	nvestment	Income	Ta				
	the kind(s) of property sold (for ex rehouse; or common stock, 200 sl		ate,	(b) H P - D -	ow acquired Purchase Donation	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a CAPTRUST					·		9/19	08/05/19
b CAPTRUST						03/2	1/16	11/22/19
c CAPITAL GAINS I	DIVIDENDS			<u> </u>				
<u>d</u>			· - · · · · · · · · · · · · · · · · · ·	L				
е				L.,				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale				Gain or (loss is (f) minus	(g))
<u>a</u> 566,505.	7 * In I		565,07					1,427.
b 2,221,968.		_	2,269,10	5.				-47,137.
c 28,352.		ļ						28,352.
d				-	 			
<u>e</u>								
Complete only for assets showin	g gain in column (h) and owned by	1			0.	(I) Gains ((Col (h) gaın not less thaı	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any				(from col. ((h))
a								1,427. -47,137.
b								-47,137.
С								28,352.
d	<u> </u>							
<u>e</u>		1						
2 Capital gain net income or (net ca	pital loss) { If gain, also ent If (loss), enter -			}	2			-17,358.
3 Net short-term capital gain or (los								
If gain, also enter in Part I, line 8,		(0).		}				
If (loss), enter -0- in Part I, line 8				儿	3		N/A	
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net I	nves	tment Inc	ome		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation doesn't qualify	ion 4942 tax on the distributable a			od?				Yes X No
	ach column for each year, see the			tries.				
(a) Base period years	(b)		I	(c)			District	(d) oution ratio
Base period years Calendar year (or tax year beginnir		stributions	Net value of nor		able-use assets	;	(col. (b) div	oution ratio rided by col. (c))
2018		97,655.	<u> </u>	5,	310,704			.056048
2017	33	11,608.		4,	944,621	L.		.063020
2016	26	63,476.		4,	108,663	3.		.064127
2015		47,635.			941,916			.062821
2014	22	20,781.		3,	979,778	3.	·	.055476
	•							
2 Total of line 1, column (d)						2		.301492
3 Average distribution ratio for the 5	-year base period - divide the total	on line 2 by 5.0	0, or by the number	r of yea	ırs		ĺ	
the foundation has been in existen	ce if less than 5 years					3		.060298
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X,	, line 5				4	!	5,513,586.
5 Multiply line 4 by line 3						5		332,458.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	-	1,146.
7 Add lines 5 and 6						7		333,604.
8 Enter qualifying distributions from	•					8	L	299,918.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and comp	olete that part using	a 1%	ax rate.			

Tal Exempt operating foundations discribed in saction 4940(4)(2), chick here ▶ and enter "NA" on line 1. Date of ruling of determination letter. (attack only of letter if necessary-see instructions) b Domissic foundations that meet the section 4940(c) requirements in Part V, deach here ▶ and enter "Na" on line 1. 2 2 2 2 2 . b Domissic foundations that meet the section 4947(a)(1) rusts and taxable foundations only, others, enter -0-) 2 1 Tal under section 511 (demestic section 4947(a)(1) rusts and taxable foundations only, others, enter -0-) 2 2 0 . 3 3 2 . 292 . 4 Subtlité A (income) tax domissic section 4947(a)(1) rusts and taxable foundations only, others, enter -0-) 5 1 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0-) 5 1 Tax based on sustemment income. Subtract line 4 from line 3.1 zero or less, enter -0-) 5 1 Tax based on sustemment income. Subtract line 4 from line 3.1 zero or less, enter -0-) 6 Condition-Pyments; 6 2 0 0 . 6 Enter any peach policion for sections of time to he (Form 898) 6 Sociup withholding errorieus/s withheld at Source 6 Tax pad with application for sections of time to he (Form 898) 6 Sociup withholding errorieus/shy withheld 7 Total credits and payments, Add lines 5 and 5 is more than line 7, enter amount ower paid 7 Total credits and payments, Add lines 5 and 5 is more than line 7, enter amount ower paid 8 2 4 . 8 2 4 . 9 Tax due, If the total of lines 5 and 5 is more than line 7, enter amount ower paid 9 Tax due, If the total of lines 5 and 5 is more than line 7, enter amount ower paid 9 to verpayment. If line 7 is more than 600 duming the year (either directly or indirectly) for policical purposes? Set the instructions for the definition If the amount of line 10 be chredited to 2020 estimated that ▶ 2 , 684 . Returned ▶ 10 . 9 Conditions by 10 conditions are part to influence any returned to the 1857 11 Yes; That is the data as equated to, frace, locations of 5, 100 control or managers. ▶ \$ 0 . 1 To the foundation have urristable dispositio		n 990-PF (2019) ATTN: TAX AND RISK MANAGEMENT 20-18 TEXT Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	897695 ee instruction	Page 4
Date of ruling or determination letter: b Comestic Counted for stating or determination in the control of Part I, Inte 27b of Part I, Inte 27b of Part I, Inte 27b 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 3 Add lines 1 and 2 3 Subtile A (Internot) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from the 8.1 trac or less, enter -0- 5 Creatis-Paymont pax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from the 8.1 trac or less, enter -0- 5 Creatis-Paymont pax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from the 8.1 trac or less, enter -0- 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2018 overpayment credited to 2019 6 Subtile A (Intelligent payments and 2019 7 Subtile A (Intelligent payments and 2019 8 Subtile A (Intelligent payments and 2019 9 Subtile A (Intelligent payments and 2019 9 Subt	1a			
of Part I, Ine 27b. c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, Ine 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 2, 292. 4 3 3 2, 292. 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 6 Cradis-Pyments: a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations: 1 tax withheld at source c Tax paid with application for entension of time to file (Form 888) b D. 6 Beckup withholding erroneously withheld 7 Total credits and payments. Add lines 68 through 60 8 Enter any penalty for underpayment of estimated tax. Chick here file form 2220 is attached 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount of wed 10 overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. All line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total lines 5 and 8, enter the amount overpaid 10 overpayments. If line 7 is more than the total lines 5 and 8, enter the amount overpaid 1 is overpayments. If line 7 is more than 1 is overpay		Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
c All other domestic foundations enter 2% of the 27h. Exempt foreign organizations, enter 4% of Part I, line 12, cot. (b) 2 Tav under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on inexterment income. Subtract line 4 from line 3, it zero or less, enter -0-) 6 Credistin-Payments: 2 2 9 2 3 6 Credistin-Payments: 2 2 9 2 3 6 Credistin-Payments: 2 2 9 2 3 6 Credistin-Payments: 3 2 9 2 9 3 6 Enter any penalty for underpayment or elected to 2019 8 Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is attached 8 Enter any penalty for underpayment of estimated tax. Check her if Form 2220 is attached 9 Tax dee. If the total of lines 5 and 8 is more than line 7, enter amount ower of the company of the company of the company for underpayment of estimated tax. Check her if Form 2220 is attached 10 Cverpayment. Illine 7 is more than the total of lines 5 and 8, enter the amount ower and the company of the compa	b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	2,2	92.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subhtle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on inventient income. Subtract line 4 from line 3.11 zero or less, enter -0- 5 Tax based on inventient income. Subtract line 4 from line 3.11 zero or less, enter -0- 5 Tax based on inventient income. Subtract line 4 from line 3.11 zero or less, enter -0- 5 Tax based on inventient income. Subtract line 4 from line 3.11 zero or less, enter -0- 6 Text paid with application for extension of time to file (Form 8958) 6 D. 0. 6 Backup withheld a source 6 Tax paid with application for extension of time to file (Form 8958) 7 Total credits and payments. Add lines 6 a through 50 8 Enter any penalty for underpayment of estimated tax. Check here if the foundation of the state of th		of Part I, line 27b		
3 Add lanes 1 and 2 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or lists, enter -0- 6 Credits/Payments; a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withhelial at source 1 Tax paid with application for extension of time to file (Form 8868) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at brough 6d 6 Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached 7 Total credits and payments. Add lines 6 at brough 6d 7 Total credits and payments. Add lines 6 at brough 6d 7 Total credits and payments. Add lines 6 at brough 6d 8 24. 9 Tax due. If the Iotal of lines 5 and 8 is more than line 7, enter amount over 10 Overgayment. Ill fine 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be, Credited to 2020 estimated tax ► 2, 684. Refunded ► 11 9 Tax due. If the total of interes 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be, Credited to 2020 estimated tax ► 2, 684. Refunded ► 11 10 C. PERITYLINEA! 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation addition the participation of the activities. 13 During the tax year, did the foundation accompand on the activities. 14 During the tax year, did the foundation accompand on on other did the participation of the definition of the shares 's *Yes' to 1s or 1s, attach a detailed description of the activities. 14 During the termination of the foundation in commence with the activities. 2 During the foundation in connection with the activities. 2 During the termination of connection of the activities. 3 Has the foundation have unrelated business gross income of \$1,000 or more during t	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
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Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 X 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 (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach e schedule listing their names and addresses 10 X	·			
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9			
				
	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

Form 990-PF (2019) ATTN: TAX AND RISK MANAGEMENT

Rart VII A Statements Regarding Activities (continued)

20-1897695

¥	it terrisms regarding Activities (continued)	Lever Course
		Yes No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	
40	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	1,0
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	12 X
13	Website address ► N/A	
14	The books are in care of ► WILLIAM L. BODDIE Telephone no. ► 252-9:	37-2000
	Located at ▶P.O. BOX 1908, ROCKY MOUNT, NC ZIP+4 ▶2	
15		▶ 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	Yes No
	securities, or other financial account in a foreign country?	16 X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	
	foreign country	
įκį	rt VII-B	Library Line
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes No
1a	During the year, did the foundation (either directly or indirectly):	
	(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?	
	(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.)	
b	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 2019?	1c X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	
a	6d and 6e) for tax year(s) beginning before 2019? Yes X No	
	If "Yes," list the years \triangleright	
ь	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.	
	>	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	
	during the year? \square Yes \square No	
b	If "Yes," did it have excess business holdings in 2019 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	
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	
4.	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A Put the foundation invest during the year any amount in a manner that would receased as the characterial purposes?	3b X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a X
U	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b X
		rm 990-PF (2019)

1 List all officers, directors, trustees, and 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 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				
	1			
	- •			
			•	
				<u> </u>
	<u> </u>			

Form 990-PF (2019)

Total number of other employees paid over \$50,000

Form 990-PF (2019) ATTN: TAX AND RISK MANAGEMENT 20-1897695 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A 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 All other program-related investments. See instructions. Total, Add lines 1 through 3

Form 990-PF (2019)

P	art X Minimum Investment Return (All domestic foundations r	nust (complete th	his part Fo	reign foui	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc	., purposes:			200	
а	Average monthly fair market value of securities	,				1a	5,471,565.
b	Average of monthly cash balances					1b	5,471,565. 125,984.
С	Fair market value of all other assets					1c	
d	Total (add lines 1a, b, and c)					1d	5,597,549.
е	Reduction claimed for blockage or other factors reported on lines 1a and					1 32 B	
	1c (attach detailed explanation)	1e			0.	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets					2	0.
3	Subtract line 2 from line 1d					3	5,597,549.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	, see i	nstructions)			4	83,963.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part	V, line 4			5	5,513,586.
6	Minimum investment return. Enter 5% of line 5					6	275,679.
,P	art XI · Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this part.		5) private of	perating four	idations ar	id certain	
1	Minimum investment return from Part X, line 6					1	275,679.
2a	Tax on investment income for 2019 from Part VI, line 5	2a		2	292.		·
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b]	
C	Add lines 2a and 2b					2c	2,292.
3	Distributable amount before adjustments. Subtract line 2c from line 1					3	273,387.
4	Recoveries of amounts treated as qualifying distributions					4	0.
5	Add lines 3 and 4					5	273,387.
6	Deduction from distributable amount (see instructions)					6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, I	ine 1			7	273,387.
P	art XII Qualifying Distributions (see instructions)						
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses					
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26					1a	299,918.
b	Program-related investments - total from Part IX-B					1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitat	ole, etc	., purposes			2	
3	Amounts set aside for specific charitable projects that satisfy the:						-
a	Suitability test (prior IRS approval required)					3a	
b	Cash distribution test (attach the required schedule)					3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; an	nd Par	t XIII, line 4			4	299,918.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stmen	t				
	income. Enter 1% of Part I, line 27b					5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4					6	299,918.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	hen c	alculating wh	nether the fo	undation q	ualifies for ti	ne section

Form **990-PF** (2019)

Form 990-PF (2019)

ATTN: TAX AND RISK MANAGEMENT

Page 9 ParteXIII Undistributed Income (see instructions) (b) (a) (c) (d) Years prior to 2018 Corpus 2018 2019 1 Distributable amount for 2019 from Part XI, 273,387 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only b Total for prior years: 3 Excess distributions carryover, if any, to 2019: a From 2014 **b** From 2015 34,486. c From 2016 72,521 d From 2017 39,223 e From 2018 146,230 f Total of lines 3a through e 4 Qualifying distributions for 2019 from 299,918 Part XII, line 4: ► \$ a Applied to 2018, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 273,387 d Applied to 2019 distributable amount 26,531 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (if an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: 172,761 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2019, Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2014 0. not applied on line 5 or line 7 9 Excess distributions carryover to 2020. 172,761 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: a Excess from 2015 34,486. b Excess from 2016 72,5<mark>21</mark>. c Excess from 2017 39,223

d Excess from 2018

e Excess from 2019

26,531

ATTN: TAX AND RISK MANAGEMENT 20-1897695 Form 990-PF (2019) 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 2019, enter the date of the ruling 4942(1)(3) b Check box to indicate whether the foundation is a private operating foundation described in section ог 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2016 (a) 2019 (b) 2018 (c) 2017 (e) Total 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 listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments of 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 Gross investment income Part XV₃ 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).) 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 🕨 🗓 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email 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 (2019)

ATTN: TAX AND RISK MANAGEMENT 20-1897695

Part XV. Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid dunng the year SEE STATEMENT ATTACHED 298,793. Total ➤ 3a 298,793. b Approved for future payment NONE Total

BODDIE NOELL FOUNDATION Form 990-PF (2019) ATTN: TAX AND RISK MANAGEMENT

20-1897695 Page 12

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)		
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	747100111	code	Amount	Tanction income		
a			_				
b			 -				
c							
d			├		· · · · · · · · · · · · · · · · · · ·		
e			 		-		
g Fees and contracts from government agencies							
2 Membership dues and assessments					······································		
3 Interest on savings and temporary cash							
investments			14	418.			
4 Dividends and interest from securities			14				
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income			16	-862.			
8 Gain or (loss) from sales of assets other							
than inventory			18	-17,358.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a		· · · · · · · · · · · · · · · · · · ·					
b							
c							
d							
e				126 251			
12 Subtotal Add columns (b), (d), and (e)		0.		136,251.			
13 Total. Add line 12, columns (b), (d), and (e)				13	130,231.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes			
Line No. Explain below how each activity for which incom	e is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accomp	olishment of		
▼ the foundation's exempt purposes (other than by							
							
					<u> </u>		
							
							
							
							
							
123621 12-17-19					Form 990-PF (2019)		

Form 990		E NOELL FOUNDA TAX AND RISK		20-	1897695	Page	e 1
Part 2	Information Re Exempt Organ		and Transactions ar	nd Relationships With Non	charitable		
1 Did		rectly engage in any of the follow	wing with any other organization	on described in section 501(c)		Yes I	٧c
		nizations) or in section 527, relat					
	• •	lation to a noncharitable exempt	organization of:		ļ		
	Cash				1a(1)		<u>X</u>
	Other assets				1a(2)		X
	er transactions; Sales of assets to a noncharita	able evernt organization			45/43		X
		oncharitable exempt organization			1b(1) 1b(2)		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
, ,	Rental of facilities, equipment,				1b(3)		X
٠.	Reimbursement arrangements				1b(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solicita	tions		1b(6)		X
c Sha	aring of facilities, equipment, ma	ailing lists, other assets, or paid e	employees		1c		X
d if th	ne answer to any of the above is	"Yes," complete the following sc	hedule. Column (b) should alv	ways show the fair market value of the i	goods, other asse	ets,	
				e in any transaction or sharing arrangei	ment, show in		
		other assets, or services receive					
(a) Line no	(b) Amount involved	∤	ble exempt organization	(d) Description of transfers, transaction	ns, and sharing arra	ngements	
		N/A					_
							
	· · · · · · · · · · · · · · · · · · ·						
							_
	-						
				 			
							_
							_
-							_
							_
-							
				<u> </u>			
		tly affiliated with, or related to, or	ne or more tax-exempt organiz	ations described			
		n 501(c)(3)) or in section 527?			Yes	X	۷o
<u>Б</u> П''Y	es," complete the following sch. (a) Name of org		(b) Type of organization	(c) Description of re	lationahin		
	N/A	ganzanon	(b) Type of Organization	(c) Description of re	nationship		_
	M/A	·					_
							_
			1		· · · · · · · · · · · · · · · · · · ·	-	_
							_
				tements, and to the best of my knowledge	May the IRS dis	scuss this	_
Sign	and Deliet, it is true, correct, and com	iplete Deciaration of preparer (other tha		on of which preparer has any knowledge	return with the shown below?	preparer	
Here	P WALLEM Le	un poolelie	7-20-20		_ X Yes		۷o
	Signature of officer or trustee		Date	Title			_

Preparer's signature

07/07/20

Check | If

self- employed

Date

Phone no. 919-571-7055 Form **990-PF** (2019)

P00039286

PTIN

Firm's EIN ▶ 56-1965804

Paid

Preparer

Use Only

Print/Type preparer's name

CAROLINE P. ABBOTT,

Firm's name ► THOMAS, JUDY

Firm's address ▶ 4700 FALLS OF NEUSE ROAD RALEIGH, NC 27609

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

BODDIE NOELL FOUNDATION

ATTN: TAX AND RISK MANAGEMENT

Employer identification number 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)(3) 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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

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 a	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	\$512,000.	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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroli 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 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)

Name of organization

BODDIE NOELL FOUNDATION

ATTN: TAX AND RISK MANAGEMENT

Employer identification number

20-1897695

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	idditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	. (c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	, (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization BODDIE NOELL FOUNDATION ATTN: 20-1897695 TAX AND RISK MANAGEMENT Part III 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 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 (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) 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

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

FORM 990-PF INTERE	ST ON SAVIN	GS AND T	EMPOR	ARY C	'ASH	LNVE	ESTMENTS	SI	ATEMENT 1
SOURCE		RE	(A) VENUE BOOK!			-	3) ESTMENT OME		(C) ADJUSTED ET INCOME
CAPTRUST			4	18.			418.		
TOTAL TO PART I, LI	NE 3		4	18.			418.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECU	JRII	TIES	SI	'ATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDES	S	REV	A) ENUE BOOK!		(B) NET INVEST MENT INCOM		(C) ADJUSTED NET INCOME
CAPTRUST	182,405.	28,	352.	15	4,053	3.	154,05	3.	
TO PART I, LINE 4	182,405.	28,	352.	15	4,053	- -	154,05	3.	
FORM 990-PF DESCRIPTION		OTHER	REV	IE (A) VENUE BOOK			(B) ! INVEST- IT INCOME		(C) ADJUSTED NET INCOME
RIVERMOUNT OF ROCKY	MOUNT FUND	I,			862.		-862		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =			862.		-862		
TODW 000 DE		3 GGOIDIO	ATNO 1	TREG				- Cm	2 MINTINE 4
FORM 990-PF		ACCOUNT	LING F	EES				ST	ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET MEN	(B) INV IT IN	EST- COME		(C) ADJUSTED ET INCOME	3	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		2,250		1	,125.				1,125.
TO FORM 990-PF, PG	1, LN 16B	2,250).	1	,125.				1,125.

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ADVISORY FEES	34,546.	34,546.	•••••••••••	0.	
TO FORM 990-PF, PG 1, LN 16C	34,546.	34,546.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES FEDERAL EXCISE TAX	2,132. 4,233.	•		0.	
TO FORM 990-PF, PG 1, LN 18	6,365.	2,132.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK SERVICE CHARGE MISCELLANEOUS	114. 2,264.			0.	
TO FORM 990-PF, PG 1, LN 23	2,378.	1,172.		0.	

FORM 990-PF (OTHER	INVESTMENTS		STATEMENT 8		
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE		
CAPTRUST - PIM MUTUAL FUNDS RIVERMOUNT ROCKY MOUNT FUND I, I	· D	COST	5,038,395. 248,931.	5,275,944.		
CAPTRUST - EXCHANGE-TRADED	JP	COST	235,542.	248,931. 231,603.		
TOTAL TO FORM 990-PF, PART II, I	LINE 1	.3	5,522,868.	5,756,478.		

FORM 990-PF	OTHER ASSETS	STATEMENT 9	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CAPTRUST - DIVIDEND REC	5,847.	7,752.	7,752.
TO FORM 990-PF, PART II, LINE 15	5,847.	7,752.	7,752.

FORM 990-PF PART VIII - LI TRUSTEES AN		STATEMENT 10		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
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 DIRECT(0.	0.
PAMELA LARIMER P.O. BOX 1908 ROCKY MOUNT, NC 278021908	SECRETARY AND	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, PART VIII	0.	0.	0.

The Boddie-Noell Foundation For Year Ended 12/31/2019

Statement 11

RELATIONSHIP TO	LAITMATZBILZ C	CONTRIBUTOR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUT					
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT-OR CONTRIBUTION	AMOUNT	VALUE OF GOODS RECEIVED	<u>NET</u> <u>AMOUNT</u>	Letter Receipt
AMERICAN CANCER SOCIETY ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1,000	Yes
AMERICAN RED CROSS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$ 3,500	\$0	\$3 500	Yes
AMERICAN RED CROSS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$4,000	\$0	\$4 000	Yes
BOYS & GIRLS CLUBS OF THE TAR RIVER REGION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1,000	Yes
BOYS & GIRLS HOMES OF NORTH CAROLINA LAKE WACCAMAW, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$3,000	\$0	\$3,000	Yes
CAROLINA DONOR SERVICES GREENVILLE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$260	\$740	Yes
CAROLINAS GATEWAY PARTNERSHIP ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,000	\$0	\$10,000	Yes
CITY OF ROCKY MOUNT ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1,000	Yes
COMMUNITIES IN SCHOOLS ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	\$0	\$2,000	Yes
CONETOE FAMILY LIFE CENTER ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1,000	Yes
ENGLEWOOD BAPTIST CHURCH ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1 000	Yes
EAST CAROLINA COUNCIL-BOYS SCOUTS OF AMER KINSTON, NC	ICNONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$50,000	\$0	\$50,000	Yes
EAST CAROLINA COUNCIL-BOYS SCOUTS OF AMER KINSTON, NC	ICNONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$8,000	\$0	\$8,000	Yes
EDGECOMBE COMMUNITY COLLEGE FOUNDATION ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$3,000	\$0	\$3,000	Yes
E4E RELIEF - FOUNDATION FOR THE CAROLINAS CHARLOTTE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$17,000	\$0	\$17,000	Yes
FAITH CHRISTIAN SCHOOL ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1 000	Yes
JACKSON FEILD HOMES RICHMOND, VA	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5 000	Yes
LAKESIDE BAPTIST CHURCH ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$500	\$0	\$500	Yes
MEALS ON WHEELS ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARIT ABLE	\$2,500	\$0	\$2 500	Yes
MY SISTERS HOUSE NASHVILLE, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5 000	Yes
NASHVILLE BLOOMING FESTIVAL NASHVILLE, NC	NONE 509(A)(I)&170(B)(I)(C)	CHARITABLE	\$1,000	\$0	\$1,000	Yes
NASH COMMUNITY COLLEGE FOUNDATION ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$3,000	\$0	\$3,000	Yes
NASH COMMUNITY COLLEGE FOUNDATION ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARIT ABLE	\$10,000	\$0	\$10,000	Yes
NASH COUNTY HISTORICAL ASSOCIATION-FRIENDS ROCKY MOUNT, NC	(NONE 509(AXI)&170(BXIX C)	CHARITABLE	\$1,000	\$0	\$1 000	Yes

NASH UNC HEALTH CARE FOUNDATION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	\$ 400	\$2 100	Yes	
NORTH CAROLINA WESLEYAN COLLEGE ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$6,000	\$0	\$6 000	Yes	
NORTH CAROLINA WESLEYAN COLLEGE ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$40,000	\$0	\$40,000	Yes	
OUTER BANKS COMMUNITY FOUNDATION SOUTHERN SHORES, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,000	\$0	\$10,000	Yes	
PEACE MAKERS ROCKY MOUNT, NC	NONE 509(A)(I)&170(B)(I)(C)	CHARITABLE	\$3,000	\$0	\$3 000	Yes	
ROCKY MOUNT ACADEMY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5 000	Yes	
ROCKY MOUNT ACADEMY ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$20,000	\$0	\$20,000	Yes	
ROCKY MOUNT ACADEMY ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5,000	Yes	
ROCKY MOUNT ACADEMY ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1 000	Yes	
SCHOLARSHIP AMERICA ST PETER, MN	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$25,000	\$0	\$25,000	Yes	
SHEPHERD YOUTH RANCH RALEIGH, NC	NONE 509(A)(I)&170(B)(I)(C)	CHARITABLE	\$2,500	\$0	\$2,500	Yes	
SLEEP IN HEAVENLY PEACE TWIN FALLS, ID	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$0	\$1 000	Yes	
SOUND RIVERS WASHINGTON, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$300	\$700	Yes	
SPECIAL OLYMPICS MORRISVILLE, NC	NONE 509(A)(I)&170(B)(I)(C)	CHARITABLE	\$2,000	\$0	\$2,000	Yes	
TAR RIVER CHORAL AND ORCHESTRAL SOCIETY ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,500	\$0	\$1,500	Yes	
THE DOWN EAST PARTNERSHIP FOR CHILDREN ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARIT ABLE	\$2,500	\$0	\$2 500	Yes	
THE ELIZABETH CITY STATE UNIVERSITY ELIZABETH CITY NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	\$0	\$2,000	Yes	
THE ROCKY MOUNT ROTARY CHARITABLE TRUST ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$1,000	\$248	\$ 753	Yes	
THE YMCA - HARRISON FAMILY YMCA ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$6,000	\$0	\$6,000	Yes	
THE YMCA - HARRISON FAMILY YMCA ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5 000	Yes	
THE YMCA OF THE TRIANGLE / SEA GULL/ SEAFARE RALEIGH, NC	:INONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	\$0	\$2 500	Yes	
UNC PUBLIC TELEVISION FOUND ATION RESEARCE TRIANGLE PARK, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$5,000	\$0	\$5,000	Yes	
UNITED COMMUNITY MINISTRIES ROCKY MOUNT NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,500	\$0	\$2,500	Yes	
UNITED WAY TAR RIVER REGION ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$10,500	\$0	\$10,500	Yes	
YOUR CHOICE RESOURCE CENTER ROCKY MOUNT, NC	NONE 509(A)(1)&170(B)(1)(C)	CHARITABLE	\$2,000	\$0	\$2 000	Yes	

TOTAL CONTRIBUTIONS \$300,000

\$1,208 \$298,793

TOTAL