

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



Form: 990->PF

Process as original

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

reganization may be able to use a copy of this return to satisfy state reporting requirements

44 200 f/2

OMB No 1545

2004

2004

Department of the Treasury Internal Revenue Service Note. The organization may be able to use a copy of this return to satisfy state reporting requireme

For c	alenda	r year 2004, or tax year beginning , a	na enaing		<del> </del>					
G C	neck a <u>ll</u>	that apply Initial return Final return	Amendo	ed return	401	Address change	Name change			
		Name of organization PLED NON T TRIAD	CHARITABLE	もつひはわなてん	A Empl	oyer identification numi	per			
	the IRS	Greensboro Jaycees Charita	ble		56	-6085407_				
	bel.	Foundation, Inc.				hone number (see page 10	of the instructions)			
Othe	erwise,	Number and street (or P O box number if mail is not delivered t	to street address)	Room/suite	336-379-1570					
p	rint	,			C If exe	mption application is pendi	ng, check here			
or	type.	401 North Greene Street			D 1. Foreign organizations, check here					
See S	Specific	City or town, state, and ZIP code			1	oreign organizations meetii	_			
Instr	uctions	Greensboro NC 27	401			85% test, check here and attach computation				
ц с	book be	pe of organization X Section 501(c)(3) exempt private f			1	ate foundation status was	_			
_			e private foundation			section 507(b)(1)(A), chec	<b>.</b> □			
				crual	1	foundation is in a 60-month	_			
			Casii 114 Acc	Juai		section 507(b)(1)(B), chec				
		om Part II, col (c), Uther (specify)	h h		unuer	section 307(b)(1)(b), chec	Kilele P []			
	e 16)			<del>T</del>	٠		(d) Dishurasments			
₽a	rt l	Analysis of Revenue and Expenses (The	(a) Revenue and expenses per	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable			
		total of amounts in columns (b), (c), & (d) may not necessarily	books	inco		ıncome	purposes			
<u> </u>	-	equal the amounts in column (a) (see page 11 of the instr ) )	050 740	<del> </del>			(cash basis only)			
2010	1	Contributions, gifts, grants, etc., received (attach schedule)	253,719	<u>' </u>		1	<del>,</del>			
$\approx$	2	Check F if the foundation is not required to attach Sch_B			2 ==-	0 550				
9	3	Interest on savings and temporary cash investments	3,752	<u> </u>	3,752	3,752				
=	4	Dividends and interest from securities				<u></u>				
5	5a	Gross rents	··· · · · · · · · · · · · · · · · · ·				<del></del>			
AUG	b	(Net rental income or (loss))								
	6a	Net gain/(loss) from sale of assets not on In 10								
Ιχί	b	Gross sales price for all assets on line 6a								
る	7	Capital gain net income (from Part IV, line 2)			0					
<b>£</b>	8	Net short-term capital gain	,			0				
SCANANCE.	9	Income modifications		,						
U)	10a	Gross sales less returns and allowances	<b>"</b>							
	b	Less Cost of goods sold					<u></u>			
		Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule) Stmt 1	83,670			83,670				
		Total Add lines Ethrough 11	341,141		3,752	87,422				
A		Caresensation defficers, directors, trustees, etc								
d	14	wher employed salaries and wages								
m i	4-	The same of the sa								
n	16a	legal (ess (attach solvedule)								
o i	b	Accounting feets (Atlach/schedule)								
p S	6	legal less (attach schedule)  Accounting less (attach schedule)  Other professional rees (att schedule)  Stmt	880	0		880				
e t r r	17	Interest								
a a	I	Taxes (att schedule) (see pg 14 of the instr) Stmt 2	106	5		70				
t t		Depreciation (att schedule) & depletion								
į į n V	20	Occupancy	2,944	1		2,944				
g e		Travel, conferences, and meetings					<u> </u>			
аE	22	Printing and publications	2,555	5		2,555				
n x	23	Other exps (att sch)  Stmt 3	37,761		312	37,049				
dр	1	Total operating and administrative expenses.	<u> </u>	1						
e		Add lines 13 through 23	44,246	5	312	43,498				
n S	25	Contributions, gifts, grants paid	302,02		<del></del>		302,026			
е	1		346,272		312	43,498				
<u>_s</u>	26	Total expenses and disbursements. Add lines 24 and 25	3-3,272	1						
	27	Subtract line 26 from line 12	-5,13	1						
	a L	Excess of revenue over expenses and disbursements	3,±3.		3,440	<u> </u>	11 1 1 1. 11. 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11			
	b	Net investment income (if negative, enter -0-)		1	5, 110	43,924				
	С	Adjusted net income (if negative, enter -0-)	<u> </u>			10,52				

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2004)

21,16-18

56-6085407

··············	nd Losses for Tax on Investr the the kind(s) of property sold (e.g., real esta ehouse, or common stock, 200 shs, MLC Co		me	(b) How acquired P-Purchase D-Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr )	
1a N/A				D-Donation				
b		· · · · ·						
c								
d								
e								
	(f) Depreciation allowed		(g) Cost or				or (loss)	
(e) Gross sales price	(or allowable)		plus exper	nse of sale		(e) plus (f	) minus (g)	
a								
b								
C								
d								
e								
Complete only for assets showing	gain in column (h) and owned by the f	oundation or	12/31/69			//\ O /O-		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Exces			<ul><li>(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</li></ul>		
a								
b						·		
С		-						
d								
e				-				
	If gain, also enter If (loss), enter -0- ss) as defined in sections 1222(5) and (column (c) (see pages 13 and 17 of the	ın Part I, line 6)	7		3			
	nder Section 4940(e) for Red	uced Tax	on Net Ir	vestment Incor	ne	-		
If "Yes," the organization does not qu	ction 4942 tax on the distributable amo alify under section 4940(e) Do not com each column for each year, see page 18	plete this pa	rt	· —	es X	No		
(a) Base period years	(b)		<del></del> -	(c) of nonchantable-use ass		Distr	(d)	
Calendar year (or tax year beginning			Net value (			(col (b) d	ivided by col (c))	
2003		01,626		161,			1.86993	
2002		30,098		151,			1.51934	
2001		58,242		141,			1.18909	
2000		37,827		106,			1.75914	
1999	1.3	36,834		94,	5/2		1.44687	
2 Total of line 1, column (d)						2	7.78439	
•	5-year base period-divide the total on lii on has been in existence if less than 5 y		by			3	1.55687	
4 Enter the net value of nonchantal	ble-use assets for 2004 from Part X, lin	e 5				4	195,29	
5 Multiply line 4 by line 3						5	304,04	
6 Enter 1% of net investment incom	ne (1% of Part Lline 27b)					6	3	
7 Add lines 5 and 6						7	304,08	
	. Dad VII line 4						302,02	
	n Part XII, line 4 In line 7, check the box in Part VI, line 1t	b, and compl	ete that part	t using a 1% tax rate		8 ]	502,02	
Part VI instructions on page 18						F	orm 990-PF (2004	

P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>	_			·		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.						Yes	No
1a	Dunng the year did the organization (either directly or indirectly)	$\Box$		===				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Ш	Yes	X	No			:
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)							
	a disqualified person?	Н	Yes	X	No			•
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Н	Yes		No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	لــا	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)?	Ш	Yes	X	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"							i
	if the organization agreed to make a grant to or to employ the official for a period		V	X	<b>A.</b> 1 -			•
<b>.</b>	after termination of government service, if terminating within 90 days )	_ ⊔	Yes	<u>A</u>	No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	S		N	/A	.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here			. 🗀	/ A	1b		
_	Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts,							
С	that were not corrected before the first day of the tax year beginning in 2004?			N	/A	4.	•	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private			- 14	<i>,</i> A	1c		
~	operating foundation defined in section 4942(j)(3) or 4942(j)(5))							
а	At the end of tax year 2004, did the organization have any undistributed income (lines 6d							
_	and 6e, Part XIII) for tax year(s) beginning before 2004?		Yes	X	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	ш	103		140			
b	Are there any years listed in 2a for which the organization is <b>not</b> applying the provisions of section 4942(a)(2)						1	
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)						I	
	to all years listed, answer "No" and attach statement-see page 20 of the instructions )					2b	Î	x
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					_ <u></u>		
	<b>▶</b> 20 , 20 , 20 , 20							
3a	Did the organization hold more than a 2% direct or indirect interest in any business						F	
	enterprise at any time during the year?		Yes	X	No		Ī	
b	If "Yes," did it have excess business holdings in 2004 as a result of (1) any purchase by the organization	_					- 1	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved						1	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)						Ī	
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine							
	if the organization had excess business holdings in 2004)			N	/A	3ь	- 1	
4a	Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes'	>				4a	7	X
b	Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its of	hanta	able					
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2004?					4b		X
5a	During the year did the organization pay or incur any amount to	_						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		Yes	X	No		- 1	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry					- 1	Ì	
	on, directly or indirectly, any voter registration drive?	Ц	Yes		No		- 1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Yes	X	No		1	
	(4) Provide a grant to an organization other than a charitable, etc., organization described	$\overline{}$					1	
	ın section 509(a)(1), (2), or (3), or section 4940(d)(2)?	Ш	Yes	X	No		1	
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or							
	educational purposes, or for the prevention of cruelty to children or animals?	Ш	Yes	X	No	- 1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in				,_	- 1	1	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)	7	_	N	/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here		▶					
С	If the answer is "Yes" to question 5a(4), does the organization claim exemption from the							
	tax because it maintained expenditure responsibility for the grant?  N/A	$\sqcup$	Yes		No		İ	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				İ		- 1	
6a	Did the organization, during the year, receive any funds, directly or indirectly, to pay	$\Box$		<b>(4.9)</b>				
_	premiums on a personal benefit contract?	Ш	Yes	X	No		ŧ	v
b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					6b		<u>X</u>
	If you answered "Yes" to 6b, also file Form 8870						<u> </u>	
					Forr	990	-PF (2	(004)

Part VIII and Contractors								
1 List all officers, directors, trustees, foundation managers at	nd their c					s).		
(a) Name and address		(b) Title, and a hours per w devoted to pos	eek ¯	(c) Compens (If not paid, -0-)	ation enter	(d) Contrib to employee benef plans and deferre compensation	it ed	(e) Expense account other allowances
James Latta								
Chairman 1 Hour				<u> </u>	0		0	
Gerald Joyce					_			_
Vice Chairman 1 Hour					0		0	0
Jessica Pearson					_			
Secretary 1 Hour					0		<u> </u>	
Eric Brown Treasurer 1 Hour					0		0	_
	those in	oluded on line 1		a 24 af tha ina			<u> </u>	C
2 Compensation of five highest-paid employees (other than If none, enter "NONE."	i triose iri	ciuded on line 1-	-see pag	e 21 of the ins	tructio	ons).		
ii none, enter_NONE.	(b) T	itle and average	T		(4)	Contributions to	1	<del></del>
(a) Name and address of each employee paid more than \$50,000	ho devo	urs per week ted to position	(c) C	ompensation	en Pla	nployee benefit ns and deferred ompensation	(e	e) Expense account other allowances
NONE								
				-			T	<del></del>
			<del></del>		_			
	<del> </del>		<del> </del>				t	· ·
	<del> </del>	-	-				-	
		<del>-</del> .	<u> </u>				<u>L</u> .	
Total number of other employees paid over \$50,000	<del></del>							<b>D</b>
3 Five highest-paid independent contractors for profession	al service	es-(see page 21 o	of the ins	structions). If r	none,	enter		
"NONE."		<u>.</u>		(b) T			Τ,	-1. 0
(a) Name and address of each person paid more than \$ NONE	550,000	<del></del>		(b) Type	or serv	rice	۲	c) Compensation
110212								
· · · · · · · · · · · · · · · · · · ·							t	
						· · · · · · · · · · · · · · · · · · ·	T	•
			ł					
				•				
							L	
				·				
Total number of others receiving over \$50,000 for professional servi	ices							<u> </u>
Part IX-A Summary of Direct Charitable Activ	/ities							
List the foundation's four largest direct chantable activities during the tax yea of organizations and other beneficiaries served, conferences convened, rese	r Include re earch paper	elevant statistical info s produced, etc	ormation s	uch as the numbe	er			Expenses
1 N/A								-
2		_						
				-				
3								
4					_		-	
							- Com	990-PF (2004)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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

Part XIII	Undistributed Income	(see page	24	of the	instructions)
• MIL / MIII .	Ondiothibated meeting	(			

			(a)	(b)	(c)	(d)
1	Distributable amount for 2004 from Part XI,		Corpus	Years prior to 2003	2003	2004
•	line 7					
,	Undistributed income, if any, as of the end of 2003					
а	Enter amount for 2003 only					******************************
	Total for pnor years 20 ,20 , 20					
3	Excess distributions carryover, if any, to 2004					
а	From 1999	133,716				
b	From 2000	182,569				
С	From 2001	168,242				
d	From 2002	230,098				
е	From 2003					
f	Total of lines 3a through e		714,625	· · · · · · · · · · · · · · · · · · ·		***********************
1	Qualifying distributions for 2004 from Part					
	XII, line 4 🕨 \$					
а	Applied to 2003, but not more than line 2a					
b	Applied to undistributed income of prior years		:			
	(Election required-see page 24 of the instructions)					
¢	Treated as distributions out of corpus (Election					
	required-see page 24 of the instructions)					
	Applied to 2004 distributable amount			141-111-1 <sub>1</sub> 1 <sub>11</sub> , // //	<u> </u>	
е	Remaining amount distributed out of corpus					
5	Excess distributions carryover applied to 2004			·	, , , , , , , , , , , , , , , , , , ,	
	(If an amount appears in column (d), the					
_	same amount must be shown in column (a) )					
5	Enter the net total of each column as					
	indicated below:		714,625			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5		714,023			
D	Pnor years' undistributed income Subtract line 4b from line 2b					
_	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					
а	Subtract line 6c from line 6b Taxable					
-	amount-see page 25 of the instructions					
e	Undistributed income for 2003 Subtract line					
•	4a from line 2a Taxable amount-see page					
	25 of the instructions					
f	Undistributed income for 2004 Subtract					
	lines 4d and 5 from line 1. This amount must					
	be distributed in 2005					
7	Amounts treated as distributions out of					
	corpus to satisfy requirements imposed by					
	section 170(b)(1)(E) or 4942(g)(3) (see page					
	25 of the instructions)					
8	Excess distributions carryover from 1999 not					
	applied on line 5 or line 7 (see page 25 of		100 516			
	the instructions)		133,716		<del></del>	
9	Excess distributions carryover to 2005.		F00 000			
	Subtract lines 7 and 8 from line 6a		580,909		<u> </u>	
0	Analysis of line 9	100 500				
а	Excess from 2000	182,569		<u> </u>		
þ	Excess from 2001	168,242		Į.		
С	Excess from 2002	230,098				
d	Excess from 2003					
е	Excess from 2004	<u> </u>	<u> </u>	f	<u></u>	990 PE (2004)

The name, address, and telephone number of the person to whom applications should be addressed N/A The form in which applications should be submitted and information and materials they should include N/A Any submission deadlines Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors d

DAA

3 Grants and Contributions Paid During the		uture Payment		
Recipient	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)	or substantial contributor	<u> </u>		
a Paid during the year See attached schedu	Charitable	Unrestricted		302,026
			ĺ	
Total			▶ 3a	302,026
b Approved for future payment N/A				
Total			<b>▶</b> 3b	

Enter gross am	ounts unless otherwise indicated	Unrelated	business income	Excluded by	sec 512, 513, or 514	(e)
1 Program se	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 26 of the instructions)
a		_		<u> </u>		
		_				
		_				
f						
g Fees a	nd contracts from government agencies					
2 Membershi	p dues and assessments					<u></u> -
3 Interest on	savings and temporary cash investments			14	3,752	
	and interest from securities					
	ncome or (loss) from real estate		<del></del>			
	nanced property					
	bt-financed property	<del></del>				
	ncome or (loss) from personal property	· · · · · ·		<del> </del>		
	stment income	·		<del>-  </del>		
			<del></del>	<del> </del>		<del></del>
	ss) from sales of assets other than inventory			6	40,172	·
	e or (loss) from special events			+ • +	40,172	
	t or (loss) from sales of inventory	<del></del>		+		<del></del> -
	nue a	-		+ +		
b		-		<del></del>		
		-				·
d		-				
e						
	dd columns (b), (d), and (e)			0	43,924	0
	line 12, columns (b), (d), and (e)				13	43,924
	t in line 13 instructions on page 26 to verify calculation					
Part XVI-E	Relationship of Activities to the A	ccomplishmer	t of Exempt P	urposes		<del></del> .
Line No.	Explain below how each activity for which income	is reported in colum	nn (e) of Part XVI-A	contributed ii	mportantly to	
<b>▼</b>	the accomplishment of the organization's exempt	purposes (other tha	n by providing fund	s for such pu	rposes) (See	
	page 27 of the instructions )					
N/A						
					- · · · · · · · · · · · · · · · · · · ·	
						<del> </del>
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		_				

	nformation Regarding Tra Exempt Organizations	nsfers To and Transaction	ns and Relationships With Nonch	aritable		
		in any of the following with any other	er organization described in section		Yes	No
		organizations) or in section 527, re			163	110
, ,		onchantable exempt organization of				
	in the reporting organization to a m	organization of	•	1a(1)		х
(1) Cash			•			$\frac{\Lambda}{X}$
(2) Other as:				1a(2)		
b Other transac				4,4	1	₩
• •	assets to a noncharitable exempt of			1b(1)		<u>X</u>
• •	es of assets from a noncharitable e			1b(2)		X
(3) Rental of	facilities, equipment, or other asse	ets		1b(3)	_	X
• •	sement arrangements			1b(4)		<u>X</u>
(5) Loans or	loan guarantees			1b(5)		X
(6) Performa	ince of services or membership or	fundraising solicitations		1b(6)		<u>X</u>
_	cilities, equipment, mailing lists, oth			1c		X
d If the answer	to any of the above is "Yes," comp	lete the following schedule Column	(b) should always show the fair market			
value of the g	goods, other assets, or services giv	en by the reporting organization. If t	the organization received less than fair			
market value	in any transaction or sharing arran	gement, show in column (d) the val	ue of the goods, other assets, or services			
received						
(a) Line no	(b) Amount involved (c) Name	of noncharitable exempt organization	(d) Description of transfers, transactions, an	d sharing arranger	nents	
N/A						
				·		
		<del></del>		·· -= · · · · · · · · · · · · · · · · ·		
	<del></del>					
		· · · · · · · · · · · · · · · · · · ·				
2a Is the organiz	zation directly or indirectly affiliated	with, or related to, one or more tax-	exempt organizations			
described in	section 501(c) of the Code (other to	nan section 501(c)(3)) or in section:	527?	X Ye	es 🗌	No
	plete the following schedule	· // //		_		
•	Name of organization	(b) Type of organization	(c) Description of rela			
	oro Junior	(b) Type of Organization	(o) becaupitor of tex	orioriip		
0_00	<u> </u>					
Chamber	of Commerce In	501(c)(4)	Common Board of Dire	ctors		
Ciramber	OI COMMETCE III	301(0)(4)	COMMON BOATA OF PITE	CCOIS	_	
	*					
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g Signature	of officer or trustee	Date	Title			
n P U			Date	Preparer's SS	N or PT	IN
' s			C112010 Check if	(See Signatu	re on pa	age 28
H   P n e   Pr	eparer's (		self-employed	of the instructi	ons)	
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Greensboro Jaycees Charitable

#### Schedule B'

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

Department of the Treasury Internal Revenue Service

Name of organization

#### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

Employer identification number

2004

56-6085407 Foundation, Inc. Organization type (check one) Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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-X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions of \$5,000 or more during the year) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

of 1 of Part I

Name of organization ·

Greensboro Jaycees Charitable

Employer identification number 56-6085407

Contributors (See Specific Instructions ) Part I (b) (d) (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution X 1 PGA Tour Person 100 PGA Tour Boulevard Payro!I 186,602 Noncash FL 32082 Ponte Vedra Beach (Complete Part II if there is a noncash contribution) (b) (d) (c) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 2 Chrysler Classic of Greensboro Person 401 North Greene Street Payroll 30,075 Noncash Greensboro NC 27401 (Complete Part II if there is a noncash contribution ) (c) (d) (a) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. 3 Chrysler Classic of Greensboro Person 401 North Greene Street Payroll 33,601 X Noncash NC 27401 Greensboro (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

JAYCEESPF Greensboro Jaycees Charitable
56-6085407 Federal Statements 56-6085407

FYE: 12/31/2004

## Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description				
	f _	Revenue per Books	Net Investment Income	Adjusted Net Income
Bridget Jones Movie Premier				
-	\$_	83,670	\$	\$83,670
Total	\$_	83,670	\$ 0	\$ 83,670

### Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	_	Net Investment		Adjusted Net	 Charitable Purpose
Form 990-PF tax Bridget Jones Movie Premier	\$ 36 70	\$		\$	70	\$ 
Total	\$ 106	\$_	0	\$_	70	\$ 0

#### Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	 Total	Net Investment	 Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
Brıdget Jones Movie Premier				
Equipment rental	2,415		2,415	
Bank charges	332		332	
Miscellaneous	193		193	
Postage	1,985		1,985	
Supplies	1,983		1,983	
Advertising	1,000		1,000	
Cost of Goods Sold	29,141		29,141	
Expenses				
Bank Service Charges	312	312		
Meals & entertainment	 400			
Total	\$ 37,761	\$ 312	\$ 37,049	\$ 0

# GREENSBORO JAYCEES CHARITABLE FOUNDATION, INC.

EIN: 56-6085407

#### 2004 FORM 990-PF

### PART XV, Line 3a - Grants and Contributions Paid During the Year

Adult Center for En	3,450
After Gateway	250
Alamance County Meals on Wheels	5,000
Alzheimer's Association	250
American Junior Golf Association	26,100
American Junior Miss	17,047
Animal Rescue and Foster Program	5,000
ARC/HDS Neighborhood	5,500
Boys & Girls Homes	5,000
Brenner's Children's Hospital	50,000
Camp Carefree, Inc.	2,000
CAP 141st SAR Composition Squad	3,000
Children's Flight of Hope	7,100
Community Foundation of Greensboro	10,000
Community Theatre of Greensboro	500
Court Watch of NC, Inc.	3,200
David Toms Foundation	2,500
Disaster Relief Foundation	116
Downtown Greensboro Foundation	2,500
Duke Comprehensive Cancer Center	5,100
Enrichment Fund - Guilford County	1,000
Friends for an Earlier Breast Cancer	12,000
Greensboro Cerebral Palsy Association	16,350
Greensboro Sports Commission	5,000
Jr Chamber Family AIDS Network	3,500
Junior Achievement of Central NC	350
Junvenile Diabetic Research	100
Maggie & Erma's House	5,000
Make a Wish Foundation	5,500
Malachi House	7,500
MS Society of NC	15,000
National Civil Rights Museum	10,000
National Heritage Foundation	16,350
North Carolina Jaycee Burn Center	5,485
Old North State Counsel	2,500
Professionals in Transition	500
Randolph County Senior Adults	9,500
Rockingham County Help for Hom	2,000
Safety Town C/O SOAR	8,000
Senior Resources of Guilford	14,616
T. Wingate Andrews PTA	1,500
The Greensboro Mayors Committee	1,737
Triad Health Project	4,000
United Way of Greensboro	25
USABDA-Carolina H'land Chapter	900
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