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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP		A Employer identification number 56-6085407	
Number and street (or P O box number if mail is not delivered to street address) 416 GALLIMORE DAIRY ROAD SUITE M		B Telephone number (see instructions) (336) 379-1570	
City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27409		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,748,995		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,616,559			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	5,369	5,369	5,369	
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 <input type="checkbox"/>	2,701			
	b Gross sales price for all assets on line 6a <u>3,500</u>				
	7 Capital gain net income (from Part IV , line 2) . . .		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) <input type="checkbox"/>	11,735,203	0	11,735,203	
	12 Total. Add lines 1 through 11	13,359,832	5,369	11,740,572	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages	890,505	0	890,505	862,859
	15 Pension plans, employee benefits	76,144	0	76,144	70,827
	16a Legal fees (attach schedule) <input type="checkbox"/>	4,287	0	4,287	4,287
	b Accounting fees (attach schedule) <input type="checkbox"/>	11,500	0	11,500	11,500
	c Other professional fees (attach schedule)				
	17 Interest	155,687	5,369	155,687	150,318
	18 Taxes (attach schedule) (see instructions) . . . <input type="checkbox"/>	60,067	0	60,067	56,964
	19 Depreciation (attach schedule) and depletion . . .	47,679	0	47,679	
	20 Occupancy	42,588	0	42,588	42,588
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) <input type="checkbox"/>	10,902,496	0	10,902,496	-775,057
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	12,190,953	5,369	12,190,953	424,286
	25 Contributions, gifts, grants paid	447,958			430,458
	26 Total expenses and disbursements. Add lines 24 and 25	12,638,911	5,369	12,190,953	854,744
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	720,921			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	3,749	1,707	1,707
	2	Savings and temporary cash investments	260,303	365,819	365,819
	3	Accounts receivable ▶ <u>305,898</u>			
		Less allowance for doubtful accounts ▶ _____	394,027	305,898	305,898
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	34,180	51,270	51,270
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use	38,673	36,904	36,904
	9	Prepaid expenses and deferred charges	300,587	588,512	588,512
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____			
Liabilities		Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ <u>502,774</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>362,663</u>	84,871	140,111	140,111
	15	Other assets (describe ▶ _____)	244,372	258,774	258,774
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,360,762	1,748,995	1,748,995
	17	Accounts payable and accrued expenses	226,619	262,221	
	18	Grants payable			
	19	Deferred revenue	297,024	178,734	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	5,875,167	5,625,167	
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	6,398,810	6,066,122	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	-5,038,048	-4,317,127	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	-5,038,048	-4,317,127	
	31	Total liabilities and net assets/fund balances (see instructions)	1,360,762	1,748,995	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 -5,038,048
2	Enter amount from Part I, line 27a	2 720,921
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 -4,317,127
5	Decreases 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, column (b), line 30	6 -4,317,127

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	
(h) Gain or (loss) (e) plus (f) minus (g)				
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(j) F M V as of 12/31/69		(k) Adjusted basis as of 12/31/69		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	521,350	698,544	0.746338
2012	642,660	792,017	0.811422
2011	1,721,265	739,573	2.327377
2010	1,068,835	274,542	3.893157
2009	247,582	328,493	0.753690
2 Total of line 1, column (d).			2 8.531984
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 1.706397
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.			4 809,440
5 Multiply line 4 by line 3.			5 1,381,226
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 0
7 Add lines 5 and 6.			7 1,381,226
8 Enter qualifying distributions from Part XII, line 4.			8 854,744
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions			

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1aExempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		1	0
Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
bDomestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0
cAll other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3Add lines 1 and 2.		3	0
4Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0
6Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7Total credits and payments. Add lines 6a through 6d.		7	0
8Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.		9	0
10Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements Regarding Activities

1a	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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ 0 (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? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	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?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
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? <i>If "No," attach explanation.</i>	8b	Yes	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV.</i>	9	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	Yes	

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of THE ORGANIZATION Telephone no (336) 379-1570 Located at 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO NC ZIP +4 27409			
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.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?. Yes No (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 No			
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)? Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	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		No
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))			
a	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 20 , 20 , 20 , 20			
b	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).	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 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
b	If "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 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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	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?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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 Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
MARK BRAZIL 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	TOURNAMENT DIRECTOR 40 00	374,110	18,205	0
ROBERT POWELL 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	DIRECTOR OF OPERATIO 40 00	144,720	14,092	0
KELLY PINNIX 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	DIRECTOR OF FINANCE 40 00	130,000	9,057	0
TERRY JONES 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	DIRECTOR OF DEV & S 40 00	127,186	10,068	0
SHARON GRISCOM 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	TOURNAMENT COORDINAT 40 00	48,500	2,691	0
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PGA TOUR INC 112 PGA TOUR BLVD PONTE VEDRA BEACH,FL 32082	PURSE, BACKGROUND CHECKS, ENTRY FEES	2,091,105
IMG WORLDWIDE INC 1360 EAST 9TH STREET SUITE 100 CLEVELAND,OH 441141782		
MCCONNELL GOLF LLC 400 DONALD ROSS DRIVE RALEIGH,NC 27610	FOOD/BEVERAGE, MAINTENANCE, MIN GUARANTY	570,011
HORNE TIPPS TROPHY SUITES INC 8198 WOODLAND CENTER BLVD TAMPA,FL 33614		
GOLF CHANNEL PO BOX 281401 ATLANTA,GA 303841401	GOLF CHANNEL LIVE AT THE WYNDHAM	187,500
Total number of others receiving over \$50,000 for professional services.		
		5

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CONDUCTING A PREMIER PROFESSIONAL GOLF ASSOCIATION TOUR EVENT IN NORTH CAROLINA'S PIEDMONT TRIAD AND PROMOTING THE TRIAD AS AN ATTRACTIVE PLACE TO LIVE AND WORK	12,149,812
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	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.	1a	0
b	Average of monthly cash balances.	1b	1,785,776
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,785,776
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,785,776
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	976,336
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	809,440
6	Minimum investment return. Enter 5% of line 5.	6	40,472

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.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	854,744
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 charitable, 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, and Part XIII, line 4	4	854,744
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	854,744

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ _____				
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 (Election required—see instructions).				
d Applied to 2014 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (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:				
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 amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
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 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
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. . . .				

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

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 organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☒ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years				(e) Total
(a) 2014	(b) 2013	(c) 2012	(d) 2011		
0	0	0	0	0	
0	0	0	0	0	
854,744	521,350	642,660	1,721,265	3,740,019	
446,208	342,898	432,411	515,283	1,736,800	
408,536	178,452	210,249	1,205,982	2,003,219	

b85% of line 2a

cQualifying distributions from Part XII, line 4 for each year listed

dAmounts included in line 2c not used directly for active conduct of exempt activities

eQualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1) Value of all assets0

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)0

b"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

26,98123,28526,40124,653101,320

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)0

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).0

(3) Largest amount of support from an exempt organization0

(4) Gross investment income0

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

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))

See Additional Data Table

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

2

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 (see instructions) 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 (2014)

Part XV

Supplementary Information (continued)

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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			 3a	437,458
b <i>Approved for future payment</i> BARIUM SPRINGS HOME FOR CHILDREN PO BOX 1 BARIUM SPRINGS,NC 28010	UNRELATED	PC	TO PROVIDE A SAFE AND NURTURING FAMILY LIFE FOR EVERY CHILD IN NORTH CAROLINA	500
THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	UNRELATED	PC	TO PREPARE PUBLIC SCHOOL STUDENTS IN FORSYTH COUNTY FOR SUCCESSFUL COLLEGE ENROLLMENT	10,000
Total			 3b	10,500

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT E LONG JR	CHAIRMAN OF BOARD 6 25	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JB DAVIS	VICE CHAIRMAN OF BOARD 1 00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
WILLIAM H SMITH	TREASURER 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
STEVE BOWDEN	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
CAROLE BRUCE	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JAMES B CROUCH JR	DIRECTOR 1 00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
LOUIS DEJOY	DIRECTOR 0 75	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
PAUL FULTON	DIRECTOR 1 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
ALLEN E GANT JR	DIRECTOR 1 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
MIKE HALEY	DIRECTOR 0 75	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
GEORGE HOUSE	DIRECTOR 3 75	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BILL JOHNSON	DIRECTOR 1 25	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
HAROLD L MARTIN SR	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JOHN MCCONNELL	DIRECTOR 5 00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
MACKEY MCDONALD	DIRECTOR 1 00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BONNIE MCELVEEN-HUNTER	DIRECTOR 2 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JIM MELVIN	DIRECTOR 3 75	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
T DAVID NEILL	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
TOM NOLAN	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
CARL PETTERSSON	DIRECTOR 0 25	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
FRED STARR	DIRECTOR 1 00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JOHN SWOFFORD	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
ROYSTER TUCKER III	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
THOMAS C WATKINS	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
DUNLOP WHITE III	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
STEVEN B WIGGS	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				


Form 990PF Part XV Line 1a - 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).

ROBERT E LONG JR
MIKE HALEY
JOHN MCCONNELL


Form 990PF Part XV Line 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACTION GREENSBORO BUSINESSES FOR EXCELLENCE IN EDUCATION 317 NORTH ELM STREET GREENSBORO,NC 27401	UNRELATED	PC	TO IMPROVE URBAN LIVABILITY, CIVIC ENGAGEMENT, K-12 EDUCATIONAL ADVANCEMENT, AND INITIATIVES TO ATTRACT AND RETAIN YOUNG PROFESSIONALS, IN ORDER TO ENHANCE THE CITY'S ECONOMY AND QUALITY OF LIFE	4,000
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON,GA 30517	UNRELATED	PC	TO PROVIDE OVERALL GROWTH AND DEVELOPMENT OF YOUNG MEN AND WOMEN WHO ASPIRE TO EARN COLLEGE GOLF SCHOLARSHIPS THROUGH COMPETITIVE JUNIOR GOLF	40,000
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON,GA 30517	UNRELATED	PC	TO PROVIDE OVERALL GROWTH AND DEVELOPMENT OF YOUNG MEN AND WOMEN WHO ASPIRE TO EARN COLLEGE GOLF SCHOLARSHIPS THROUGH COMPETITIVE JUNIOR GOLF	15,000
BACKPACK BEGINNINGS (FOOD FOR BACKPACK PROGRAM) 1852 BANKING STREET 9024 GREENSBORO,NC 27408	UNRELATED	PC	TO PROVIDE CHILDREN IN NEED WITH NUTRITIOUS FOOD, COMFORT ITEMS OR CERTAIN BASIC NECESSITIES THROUGH THE USE OF BACKPACKS AND OTHER EFFICIENT MEANS	10,163
BACKPACK BEGINNINGS 1852 BANKING STREET 9024 GREENSBORO,NC 27408	UNRELATED	PC	TO PROVIDE CHILDREN IN NEED WITH NUTRITIOUS FOOD, COMFORT ITEMS OR CERTAIN BASIC NECESSITIES THROUGH THE USE OF BACKPACKS AND OTHER EFFICIENT MEANS	25,000
BYRON DANIEL ELROD MEMORIAL FUND CO CHARITYSMITH NONPROFIT FDTN 220 NORTH WEST PINE VALLEY ROAD WINSTONSALEM,NC 27104	UNRELATED	PC	TO COMMAND THE CREATION AND MANAGEMENT OF MEMORIAL FUNDS AND OFFER A SIMPLE AND EXPEDIENT PATHWAY TO THE CREATION OF MEMORIALS IN MEMORY OF LOVED ONES	5,000
DAVIS LOVE FOUNDATION PO BOX 20344 ST SIMONS,GA 31522	UNRELATED	PC	TO CONTRIBUTE TO THE WELL-BEING AND PROGRESS OF SOCIETY BY SUPPORTING BOTH NATIONAL AND COMMUNITY-BASED PROGRAMS THAT FOCUS ON CHILDREN AND THEIR FAMILIES	50,000
DOVE HOUSE CHILDREN'S ADVOCACY CENTER INC 2407 SIMONTON ROAD STATESVILLE,NC 28625	UNRELATED	PC	TO PROVIDE A CENTRALIZED, SAFE AND CHILD FRIENDLY FACILITY FROM WHICH A MULTIDISCIPLINARY TEAM CONDUCTS INVESTIGATION AND INTERVENTION ACTIVITIES AND SUPPORTS THE PROCESS FOR OPTIMAL CASE RESOLUTION	1,040
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF IREDELL COUNTY 207 WALNUT STREET STATESVILLE,NC 28677	UNRELATED	PC	TO PREVENT CHILD ABUSE AND NEGLECT IN IREDELL COUNTY, NC BY BUILDING POSITIVE PARENT/CHILD RELATIONSHIPS THROUGH EDUCATION, COUNSELING AND INTERVENTION PROGRAMS	1,000
FORSYTH BACKPACK PROGRAM 204 SURREY PATH COURT WINSTONSALEM,NC 27104	UNRELATED	PC	TO PROVIDE CHILDREN IN NEED WITH NUTRITIOUS FOOD, COMFORT ITEMS OR CERTAIN BASIC NECESSITIES THROUGH THE USE OF BACKPACKS AND OTHER EFFICIENT MEANS	25,000
GOLF FORE FUN INC - THE FIRST TEE OF THE TRIAD PO BOX 236 CLEMMONS,NC 27012	UNRELATED	PC	TO IMPACT THE LIVES OF YOUNG PEOPLE BY PROVIDING LEARNING FACILITIES AND EDUCATIONAL PROGRAMS THAT PROMOTE CHARACTER DEVELOPMENT AND LIFE-ENHANCING VALUES THROUGH THE GAME OF GOLF	44,010
GOLF FORE FUN INC - THE FIRST TEE OF THE TRIAD PO BOX 236 CLEMMONS,NC 27012	UNRELATED	PC	TO IMPACT THE LIVES OF YOUNG PEOPLE BY PROVIDING LEARNING FACILITIES AND EDUCATIONAL PROGRAMS THAT PROMOTE CHARACTER DEVELOPMENT AND LIFE-ENHANCING VALUES THROUGH THE GAME OF GOLF	56,006
GREENSBORO CEREBRAL PALSY ASSOCIATION 3205 EAST WENDOVER AVENUE GREENSBORO,NC 27407	UNRELATED	PC	TO PROVIDE EDUCATION AND CARE TO MULTI-DISABLED INFANTS AND TODDLERS WITH SEVERE DEVELOPMENTAL DELAYS, AGED BIRTH TO THREE	8,759
GTCC FOUNDATION PO BOX 309 JAMESTOWN,NC 27282	UNRELATED	PC	TO PROVIDE SCHOLARSHIPS FOR DESERVING STUDENTS	5,000
GTCC FOUNDATION PO BOX 309 JAMESTOWN,NC 27282	UNRELATED	PC	TO PROVIDE SCHOLARSHIPS FOR DESERVING STUDENTS	20
Total  3a				437,458

Form 990PF Part XV Line 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GUILFORD TECHNICAL COMMUNITY COLLEGE PO BOX 309 JAMESTOWN,NC 27282	UNRELATED	PC	TO ENSURE EDUCATIONAL EXCELLENCE BY PROVIDING FINANCIAL AID TO STUDENTS, FACULTY AND STAFF	1,396
HOLY TRINITY CHURCH FOUNDATION INC 607 NORTH GREENE STREET GREENSBORO,NC 27401	UNRELATED	SO I	TO RECEIVE AND ADMINISTER GIFTS AND BEQUESTS AND EXPEND FUNDS AS APPROPRIATE FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES	100
HOSPICE & PALLIATIVE CARE OF GREENSBORO (HPCG) 101 HOSPICE LANE WINSTONSALEM,NC 27103	UNRELATED	PC	TO PROVIDE NURSING AND PSYCHOSOCIAL SUPPORT TO TERMINALLY ILL AND THEIR FAMILIES IN GUILFORD COUNTY AND IMMEDIATELY SURROUNDING AREAS	5,000
JUVENILE DIABETES RESEARCH FOUNDATION 408 N EUGENE STREET GREENSBORO,NC 27401	UNRELATED	PC	TO FIND A CURE FOR TYPE I DIABETES AND IT'S COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH	5,000
JUVENILE DIABETES RESEARCH FOUNDATION 408 N EUGENE STREET GREENSBORO,NC 27401	UNRELATED	PC	TO FIND A CURE FOR TYPE I DIABETES AND IT'S COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH	500
JUVENILE DIABETES RESEARCH FOUNDATION 408 N EUGENE STREET GREENSBORO,NC 27401	UNRELATED	PC	TO FIND A CURE FOR TYPE I DIABETES AND IT'S COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH	500
MARCH OF DIMES 1220-G COMMERCE STREET CONOVER,NC 28613	UNRELATED	PC	TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY	1,000
MATT GFELLER FOUNDATION 2880 GALSWORTHY DRIVE WINSTON SALEM,NC 27106	UNRELATED	PC	TO PROVIDE FUNDS FOR COMPREHENSIVE RESEARCH AT THE MATTHEW GFELLER SPORT-RELATED TRAUMATIC BRAIN INJURY RESEARCH CENTER AT THE UNC CHAPEL HILL	2,500
NATIONAL MULTIPLE SCLEROSIS SOCIETY - CENTRAL NC CHAPTER 2211 WEST MEADOWVIEW ROAD GREENSBORO,NC 27407	UNRELATED	PC	TO MOBILIZE PEOPLE AND RESOURCES TO DRIVE RESEARCH FOR A CURE AND TO ADDRESS THE CHALLENGES OF EVERYONE AFFECTED BY MS	400
NORTH CAROLINA SPORTS HALL OF FAME PO BOX 31524 RALEIGH,NC 27622	UNRELATED	PC	TO ESTABLISH A HALL OF FAME IN WHICH OUTSTANDING SPORTSCASTERS AND SPORTSWRITERS WOULD BE MEMORIALIZED AND TO ESTABLISH A MUSEUM TO HOUSE SPORTS MEMORABILIA OF HISTORICAL SIGNIFICANCE	5,000
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO,NC 27404	UNRELATED	PC	TO PROVIDE TANGIBLE SIGNS OF LOVE IN THE PIEDMONT TRIAD OF NC SO THAT NO CHILDREN GO TO BED HUNGRY	25,000
PIEDMONT TRIAD PARTNERSHIP 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO,NC 27409	UNRELATED	PC	TO SERVE AS A REGIONAL ORGANIZATION TO MARKET, ADVERTISE AND PROMOTE THE 12 COUNTY AREA OF THE PIEDMONT TRIAD REGION OF NORTH CAROLINA, FOR THE PURPOSE OF ENHANCING ECONOMIC DEVELOPMENT OPPORTUNITIES	50,000
ROOM AT THE INN OF THE CAROLINAS PO BOX 484 COLFAX,NC 27235	UNRELATED	PC	TO PROVIDE A UNIQUE, COMPREHENSIVE PROGRAM HELPING HOMELESS, SINGLE, PREGNANT WOMEN (WITH OR WITHOUT PREVIOUS CHILDREN), NOT ONLY DURING THEIR PREGNANCIES BUT ALSO AFTER THE BIRTH OF THEIR BABIES	1,000
THE BREAST CANCER RESEARCH FOUNDATION (PLAY FOR PINK) 60 EAST 56TH STREET 8TH FLOOR NEW YORK,NY 10022	UNRELATED	PC	TO ASSIST WITH REDUCTION, ELIMINATION AND CURE OF BREAST CANCER	1,225
THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	UNRELATED	PC	TO PREPARE PUBLIC SCHOOL STUDENTS IN FORSYTH COUNTY FOR SUCCESSFUL COLLEGE ENROLLMENT	6,666
Total  3a				437,458

Form 990PF Part XV Line 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	UNRELATED	PC	TO PREPARE PUBLIC SCHOOL STUDENTS IN FORSYTH COUNTY FOR SUCCESSFUL COLLEGE ENROLLMENT	6,673
THE SHRINERS HOSPITAL FOR CHILDREN C/O 5010 HIGH POINT ROAD GREENSBORO,NC 27407	UNRELATED	PC	TO PROVIDE THE HIGHEST QUALITY CARE TO CHILDREN WITH NEUROMUSCULOSKELETAL CONDITIONS, BURN INJURIES AND OTHER SPECIAL HEALTHCARE NEEDS WITHIN A COMPASSIONATE, FAMILY-CENTERED AND COLLABORATIVE CARE ENVIRONMENT	500
UNITED WAY OF HIGH POINT 201 CHURCH AVENUE HIGH POINT,NC 27262	UNRELATED	PC	TO DEVELOP RESOURCES AND PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES	25,000
WALKING FOR KIDS FOUNDATION PO BOX 917612 LONGWOOD,FL 327197612	UNRELATED	PC	TO ALLOW PGA TOUR PROFESSIONALS AND SPORTS FANS THE OPPORTUNITY TO SUPPORT CHILDREN'S CHARITIES	10,000
Total			 3a	437,458

Form 990PF Part XVI-A Line 1 - Program service revenue:

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a WYNDHAM CHAMPIONSHIP					
b SPONSOR SALES					1,064,550
c HOSPITALITY					2,765,473
d TOURNAMENT ADMISSION					315,299
e CONCESSIONS, CLOTHING, AND PARKING					521,761
f SPONSORSHIP RECOGNITION					1,064,534
PARTY SPONSORSHIPS					69,750
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER					5,862,554
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	711210	33,032			
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	711210	38,250			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.	OMB No 1545-0047 2014
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Name of the organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	Employer identification number 56-6085407
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	Employer identification number 56-6085407
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	Employer identification number 56-6085407
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part 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
_____	_____ _____ _____ _____	_____ \$	_____
(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
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	Employer identification number 56-6085407
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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 information once. See instructions.) ▶ \$ _____

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
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<div></div>		<div></div>	
<div></div>		<div></div>	
<div></div>		<div></div>	

Additional Data

Software ID:

Software Version:

EIN: 56-6085407

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>1</div>	<div>BB&T</div> <div>1100 REYNOLDS BLVD THIRD FLOOR</div> <div>WINSTONSALEM, NC 27105</div>	<div>\$ 65,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>2</div>	<div>TECHNOLOGY CONCEPTS & DESIGN INC</div> <div>4510 WEYBRIDGE LANE</div> <div>GREENSBORO, NC 27407</div>	<div>\$ 40,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>3</div>	<div>GLEN RAVEN INC</div> <div>1831 NORTH PARK AVENUE</div> <div>GLEN RAVEN, NC 27217</div>	<div>\$ 30,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>4</div>	<div>AMERICAN JUNIOR GOLF ASSOCIATION</div> <div>1980 SPORTS CLUB DRIVE</div> <div>BRASELTON, GA 30517</div>	<div>\$ 13,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>5</div>	<div>THE JOSEPH M BRYAN FOUNDATION OF GREATER GSO INC</div> <div>PO BOX 26040</div> <div>GREENSBORO, NC 27420</div>	<div>\$ 210,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>6</div>	<div>STANLEY & DOROTHY FRANK FAMILY FOUNDATION</div> <div>PO BOX 9010</div> <div>GREENSBORO, NC 274290010</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>7</div>	<div>THE JOHN MCCONNELL FOUNDATION</div> <div>ONE WEST FOURTH STREET 2ND FLOOR</div> <div>WINSTONSALEM, NC 27101</div>	<div>\$ 30,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>8</div>	<div>ANONYMOUS FUND CO THE COMMUNITY FOUNDATION</div> <div>330 S GREENE STREET SUITE 100</div> <div>GREENSBORO, NC 27401</div>	<div>\$ 207,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>9</div>	<div>BELL FOUNDATION</div> <div>PO BOX 3288</div> <div>GREENSBORO, NC 27402</div>	<div>\$ 10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>10</div>	<div>THE MICHAEL W HALEY FOUNDATION INC</div> <div>11911 US HWY ONE SUITE 201</div> <div>NORTH PALM BEACH, FL 33408</div>	<div>\$ 60,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>11</div>	<div>FRED STARR</div> <div>5506 ROCKINGHAM ROAD EAST</div> <div>GREENSBORO, NC 27407</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>12</div>	<div>ROBERT E JR & KATHRYN SCOTT LONG FAMILY FOUNDATION</div> <div>300 N GREENE STREET SUITE 1750</div> <div>GREENSBORO, NC 27401</div>	<div>\$ 100,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>13</div>	<div>ROBERT E JR KATHRYN S LONG</div> <div>208 IRVING PLACE</div> <div>GREENSBORO, NC 27408</div>	<div>\$ 50,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>
<div>14</div>	<div>CHARLES CHERYL MCQUEARY</div> <div>10 CRESWELL COURT</div> <div>GREENSBORO, NC 27407</div>	<div>\$ 5,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>
<div>15</div>	<div>J ROBERT STOUT</div> <div>5500 WAYNE ROAD</div> <div>GREENSBORO, NC 27407</div>	<div>\$ 5,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>
<div>16</div>	<div>PGA TOUR INC</div> <div>100 PGA TOUR BLVD</div> <div>PONTE VEDRA BEACH, FL 32082</div>	<div>\$ 195,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>
<div>17</div>	<div>WISHES BY WYNDHAM CHARITABLE FOUNDATION</div> <div>22 SYLVAN WAY</div> <div>PARSIPPANY, NJ 07054</div>	<div>\$ 487,500</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>
<div>18</div>	<div>PAUL FULTON NON-ENDOWED ADVISED FUND CO THE WINSTON-SALEM FOUNDATION</div> <div>380 KNOLLWOOD STREET SUITE 610</div> <div>WINSTONSALEM, NC 27103</div>	<div>\$ 10,000</div>	<div><div>Person <input checked="" type="checkbox"/></div><div>Payroll <input type="checkbox"/></div><div>Noncash <input type="checkbox"/></div><div>(Complete Part II for noncash contribution)</div></div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>KENNETH D MILLER</div> <div>300 N GREENE STREET SUITE 1750</div> <div>GREENSBORO, NC 27401</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>20</div>	<div>MARK E BRAZIL</div> <div>151 CHEROKEE DRIVE</div> <div>MOORESVILLE, NC 28117</div>	<div>\$ 5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>21</div>	<div>HONDA AIRCRAFT COMPANY</div> <div>6430 BALLINGER ROAD</div> <div>GREENSBORO, NC 27410</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>22</div>	<div>LINCOLN FINANCIAL GROUP</div> <div>100 N GREENE STREET</div> <div>GREENSBORO, NC 27401</div>	<div>\$ 25,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>23</div>	<div>SKYTRAK LLC</div> <div>4310 ENTERPRISE DRIVE SUITE C</div> <div>WINSTONSALEM, NC 27106</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>24</div>	<div>NORTH STATE COMMUNICATIONS LLC</div> <div>PO BOX 2326</div> <div>HIGH POINT, NC 27261</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>25</div>	<div>THE TRUST COMPANY OF THE SOUTH</div> <div>3041 S CHURCH STREET</div> <div>BURLINGTON, NC 27215</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<div>26</div>	<div>WEAVER FOUNDATION</div> <div>PO BOX 26040</div> <div>GREENSBORO, NC 27420</div>	<div>\$ 5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

TY 2014 Accounting Fees Schedule

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP
EIN: 56-6085407

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	11,500	0	11,500	11,500

TY 2014 Cash Deemed Charitable Explanation Statement

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Explanation: BETWEEN JANUARY AND JULY, THE ORGANIZATION RECEIVES CASH SPONSORSHIPS AND CONTRIBUTIONS WHICH SUPPORT THE UPCOMING PROFESSIONAL GOLF ASSOCIATION TOUR EVENT. THIS CASH IS DEEMED HELD FOR CHARITABLE ACTIVITIES.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
COOLING UNIT COVERS	2008-08	PURCHASED	2014-07			14,938		0		14,938
2010 HONDA INSIGHT	2009-03	PURCHASED	2014-01		3,500	23,968		0	2,701	23,169

TY 2014 General Explanation Attachment

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Identifier	Return Reference	Explanation
	PART V, LINE 1, COLUMN (B) AND PART XIV, LINE 2C, COLUMN (B)	QUALIFYING DISTRIBUTIONS FOR 2011 HAVE BEEN ADJUSTED TO ACCOUNT FOR INCOME GENERATED BY THE WYNDHAM CHAMPIONSHIP GOLF TOURNAMENT

TY 2014 Land, Etc. Schedule

Name:

PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

EIN:

56-6085407

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
QUICK BOOKS	1,033	1,033	0	
MICROSOFT OFFICE 2007 PROFESSIONAL	4,933	4,933	0	
HP LABTOP (VOLUNTEERS)	937	937	0	
MICROSOFT OFFICE 2007 LICENSE (PRO-AM LABTOP)	517	517	0	
HP LABTOP (CLAI)	611	611	0	
WINDOWS SMALL BUSINESS SERVER 08	12,875	12,231	644	644
4 HP LAPTOPS (MARK, STEVE, BOBBY, KELLY))	7,647	6,882	765	765
HP LAPTOP (SHARON)	2,036	1,561	475	475
PROJECTOR	500	317	183	183
HP LAPTOP (TERRY)	1,315	723	592	592
OFFICE FURNITURE (KELLY'S OFFICE)	2,036	1,629	407	407
PERPETUAL TROPHY	6,945	6,945	0	
FENCING FROM SIGNATURE SYSTEMS	8,000	8,000	0	
42IN PICKET FENCING 80 SECTIONS	8,394	8,394	0	
42" PICKET PANEL FENCING	8,376	8,376	0	
EPI SUITE LITE USB HUB	816	816	0	
40 PIECES WHILE PLASTIC FENCING 42" X 6'	4,080	4,080	0	
50 PIECES CROWD CONTROL BARRICADE W/2 FLAT FT	4,450	4,450	0	
27 COURSE PIN FLAGS	1,009	1,009	0	
FLAGS FOR BRANDING AROUND BLEACHERS	2,452	2,452	0	
NEW HEADERS FOR STANDARDS & DRIVING RANGE SIG	1,441	1,441	0	
CADDIE BIBS	3,304	3,304	0	
1/3 OF SIGNAGE FOR WYNDHAM TOURNAMENT	7,301	7,301	0	
RE-ROUTING OF CABLES ON COURSE	5,582	5,582	0	
PHONE LINE TERMINALS FOR SHOTLINK	3,693	3,693	0	
SHELVING & DOCK BOARD - WAREHOUSE	8,495	8,495	0	
CREDENTIAL MACHINE	3,564	3,564	0	
DRIVING RANGE NETTING	51,476	51,476	0	
BARRICADE COVERS	4,204	4,204	0	
ARTWOKR & FRAMING - MEN'S LOCKER ROOM	5,133	5,133	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
(5) WC RUGS FOR CLUBHOUSE	8,414	8,414	0	
(6) ARMLESS PADDINGTON LEATHER BAR STOOLS	2,850	2,850	0	
WC SIGNAGE FOR SCC	41,706	41,706	0	
6 DECKBOXES	842	842	0	
(11) SCOREBOARD HEADER PANELS	3,878	3,878	0	
FENCE AT CART SHED	2,865	2,865	0	
TOURNKEY COMPUTER PROGRAM	5,000	5,000	0	
(5) 50" BREEZEMASTER FANS & BASES	43,144	38,111	5,033	5,033
5 COOL-MIST FANS	4,250	3,754	496	496
(2) 50" BREEZEMASTER FANS & BASES	17,933	15,542	2,391	2,391
CADDIE BIBS	2,725	2,725	0	
(2) COOL-MIST FANS	1,590	1,378	212	212
FABRICATED ALUM HEADER SIGN FOR SCOREBOARD	1,568	1,202	366	366
IPADS (MARK, BOBBY, STEVE, TERRY, & KELLY)	3,906	2,864	1,042	1,042
TEEBOX COOLERS	3,609	2,466	1,143	1,143
RECYCLING CONTAINERS	7,048	4,816	2,232	2,232
DOWNTOWN STREET BANNERS	8,583	5,722	2,861	2,861
TIKI BARS & CUBBY SHELF	6,000	2,900	3,100	3,100
SIGN REVISIONS	7,000	3,033	3,967	3,967
STANDARD BEARER SIGNS	11,059	3,502	7,557	7,557
BARRICADE COVERS	4,188	1,187	3,001	3,001
PALM & BAMBOO FAKE FOLIAGE PLANTS	4,107	1,164	2,943	2,943
CADDIE BIBS	5,154	2,434	2,720	2,720
ADIRONDACK CHAIRS	2,700	720	1,980	1,980
WILL-CALL DECK,TRAILER RAMP, WALLSCREEN ETC	7,600	2,027	5,573	5,573
HOLE SIGNS	15,564	1,297	14,267	14,267
SERVING COUNTERS, TIKI BAR, LEGENDS BAR	15,000	1,250	13,750	13,750
HISTORY WALL	26,688	2,224	24,464	24,464
2002 CHEVY SILVERADO	10,797	10,797	0	
2000 CHEVY SUBURBAN	7,385	7,385	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
2013 CADILLAC ATS	46,466	8,519	37,947	37,947

TY 2014 Legal Fees Schedule

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	4,287	0	4,287	4,287

TY 2014 Other Assets Schedule**Name:** PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
TOURNAMENT ACQUISITION COST	543,134	543,134	543,134
LESS ACCUMULATED AMORTIZATION	-312,047	-366,360	-366,360
DEPOSITS	13,285	82,000	82,000

TY 2014 Other Expenses Schedule

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RENT	272,164	0	272,164	272,164
PURSE, PERSONNEL, AND GENERAL GOLF TOURNAMENT EXPENSES	5,738,489	0	5,738,489	5,790,539
TOURNAMENT OPERATIONS	2,395,545	0	2,395,545	2,403,196
COURSE SALES (CLOTHING, CONCESSIONS, TICKETS)	490,145	0	490,145	511,308
MEDIA	348,725	0	348,725	348,725
HOSPITALITY	930,223	0	930,223	922,031
GENERAL AND ADMINISTRATIVE EXPENSES	336,973	0	336,973	337,651
CONSULTING FEES	287,500	0	287,500	287,500
OFFICIAL TOURNAMENT PROGRAM EXPENSES	10,495	0	10,495	0
OFFICIAL DAILY PAIRINGS GUIDE EXPENSES	22,174	0	22,174	0
AMORTIZATION	54,313	0	54,313	0
LESS WYNDHAM CHAMPIONSHIP INCOME	0	0	0	-11,663,921
BIRDIES FOR BACKPACKS	15,750	0	15,750	15,750

TY 2014 Other Income Schedule**Name:** PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SPONSOR SALES	1,064,550		1,064,550
HOSPITALITY	2,765,473		2,765,473
TOURNAMENT ADMISSION	315,299		315,299
CONCESSIONS, CLOTHING, AND PARKING	521,761		521,761
SPONSORSHIP RECOGNITION	1,064,534		1,064,534
PARTY SPONSORSHIPS	69,750		69,750
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER	5,862,554		5,862,554
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	33,032		33,032
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	38,250		38,250

TY 2014 Substantial Contributors Schedule

Name: PIEDMONT TRIAD CHARITABLE FOUNDATION
D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Name	Address
MIKE HALEY	11911 US HWY ONE SUITE 201 NORTH PALM BEACH, FL 33408

TY 2014 Taxes Schedule**Name:** PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	56,964	0	56,964	56,964
UNRELATED BUSINESS INCOME TAX	3,103	0	3,103	0