



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



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491306000027

Form 990-PF

Return of Private Foundation

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

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

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

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

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

Room/suite

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

G Check all that apply

Initial return

Initial return of a former public charity

Final return

Amended return

Address change

Name change

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

H Check type of organization

Section 501(c)(3) exempt private foundation

Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here

I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,398,914

J Accounting method

Cash

Accrual

Other (specify)

(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(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)	1,460,681			
	2 Check if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	3,634	3,634	3,634	
	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	0			
	b Gross sales price for all assets on line 6a				
	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				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	12,204,548	0	12,204,548		
12 Total. Add lines 1 through 11	13,668,863	3,634	12,208,182		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages	1,028,868	0	1,028,868	1,054,667
	15 Pension plans, employee benefits	86,110	0	86,110	88,928
	16a Legal fees (attach schedule)	2,533	0	2,533	2,394
	b Accounting fees (attach schedule)	12,900	0	12,900	12,900
	c Other professional fees (attach schedule)				
	17 Interest	134,353	3,634	134,353	130,719
	18 Taxes (attach schedule) (see instructions)	63,352	0	63,352	63,276
	19 Depreciation (attach schedule) and depletion	61,604	0	61,604	
	20 Occupancy	51,248	0	51,248	51,248
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	11,179,876	0	11,179,876	-1,030,747
	24 Total operating and administrative expenses. Add lines 13 through 23	12,620,844	3,634	12,620,844	373,385
	25 Contributions, gifts, grants paid	549,735			549,735
26 Total expenses and disbursements. Add lines 24 and 25	13,170,579	3,634	12,620,844	923,120	
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	498,284			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income(if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2016)

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	4,350	1,327	1,327
	2 Savings and temporary cash investments	272,466	311,812	311,812
	3 Accounts receivable ▶ <u>229,448</u>			
	Less allowance for doubtful accounts ▶ _____	738,958	229,448	229,448
	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)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use	26,508	58,692	58,692
	9 Prepaid expenses and deferred charges	301,556	10,171	10,171
	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 ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment basis ▶ <u>977,424</u>				
Less accumulated depreciation (attach schedule) ▶ <u>393,695</u>	217,711	583,729	583,729	
15 Other assets (describe ▶ _____)	248,122	203,735	203,735	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,809,671	1,398,914	1,398,914	
Liabilities	17 Accounts payable and accrued expenses	201,881	116,171	
	18 Grants payable			
	19 Deferred revenue	374,624	76,460	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	4,625,167	4,100,000	
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	5,201,672	4,292,631	
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	-3,392,001	-2,893,717	
	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)	-3,392,001	-2,893,717	
	31 Total liabilities and net assets/fund balances (see instructions) .	1,809,671	1,398,914	

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	-3,392,001
2 Enter amount from Part I, line 27a	2	498,284
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	-2,893,717
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	-2,893,717

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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) <div style="float: right; font-size: small;"> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	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))
2015	90,145	747,880	0 120534
2014	854,744	809,440	1 055970
2013	521,350	698,544	0 746338
2012	642,660	792,017	0 811422
2011	1,721,265	739,573	2 327377
2 Total of line 1, column (d)			2 5 061641
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 012328
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 680,562
5 Multiply line 4 by line 3			5 688,952
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 688,952
8 Enter qualifying distributions from Part XII, line 4			8 923,120

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 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	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	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
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	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 2016 or the taxable year beginning in 2016 (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	No

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? Website address ► N/A	13	Yes	
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 <input type="checkbox"/>	15		
16	At any time during calendar year 2016, 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? 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 ►	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/>	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 2016? <input type="checkbox"/>	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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). <input type="checkbox"/>	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). <input type="checkbox"/>	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 2016?	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b		
Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARK BRAZIL	TOURNAMENT DIRECTOR	373,348	19,847	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40 00			
ROBERT POWELL	DIRECTOR OF OPERATIO	151,012	15,552	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40 00			
KELLY PINNIX	DIRECTOR OF FINANCE	155,000	10,005	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40 00			
TERRY JONES	DIRECTOR OF DEV & S	134,949	11,441	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40 00			
SHARON GRISCOM	TOURNAMENT COORDINAT	50,000	1,994	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40 00			
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	2,290,795
MCCONNELL GOLF LLC 400 DONALD ROSS DRIVE RALEIGH, NC 27610	FOOD/BEVERAGE, MAINTENANCE, MIN GUARANTY	661,159
LAW OFFICES OF RICHARD R FOUST PA 204 MUIRS CHAPEL ROAD SUITE 102 GREENSBORO, NC 27410	5302 WAYNE ROAD LAND PURCHASE	426,737
HORNE TIPPS TROPHY SUITES INC 8198 WOODLAND CENTER BLVD TAMPA, FL 33614	LUXURY SUITES/INSTALLATION	301,076
AGGREKO LLC 4607 WEST ADMIRAL DOYLE DRIVE NEW IBERIA, LA 70560	PROVIDED AIR CONDITIONING FOR SPONSOR AREAS	145,985
Total number of others receiving over \$50,000 for professional services. ►		3

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	12,590,807
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	1,897,843
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,897,843
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	1,897,843
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,217,281
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	680,562
6	Minimum investment return. Enter 5% of line 5.	6	34,028

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 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (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	923,120
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	923,120
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	923,120

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____				
a Applied to 2015, 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 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (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 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				
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 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

Part XIV Private 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 2016, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

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

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

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

a "Assets" alternative test—enter

(1) Value of all assets 0

(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.

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 organization 0

(4) Gross investment income 0

Tax year	Prior 3 years			(e) Total
(a) 2016	(b) 2015	(c) 2014	(d) 2013	
0	37,394	0	0	37,394
0	31,785	0	0	31,785
923,120	90,145	854,744	521,350	2,389,359
549,235	382,571	446,208	342,898	1,720,912
373,885	-292,426	408,536	178,452	668,447
22,685	24,929	26,981	23,285	97,880

Part XV Supplementary 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

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	549,735
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions)
1 Program service revenue					
a See Additional Data Table					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	3,634	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	0	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		47,833		3,634	12,156,715
13 Total. Add line 12, columns (b), (d), and (e).					12,208,182

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name JOHN M ROBINSON	Preparer's Signature	Date 2017-09-19	Check if self-employed <input type="checkbox"/>	PTIN P01281319
Firm's name ▶ BERNARD ROBINSON & COMPANY LLP				Firm's EIN ▶ 56-0571159
Firm's address ▶ PO BOX 19608 GREENSBORO, NC 274199608				Phone no (336) 294-4494

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CANTEY ALEXANDER	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
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				

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MACKEY MCDONALD	DIRECTOR 1 00	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				
DONNA DEMAIO	DIRECTOR 0 50	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BEN C SUTTON JR	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>				
ALIGHT INC 501 NORTH ELAM AVENUE SUITE2-006 GREENSBORO, NC 27403	UNRELATED	PC	TO PROVIDE EMOTIONAL AND INFORMATIONAL SUPPORT TO NEWLY DIAGNOSED BREAST CANCER PATIENTS	5,000
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	5,000
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	5,000
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	10,000
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
Total ► 3a				549,735

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>				
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	5,000
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	5,000
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	14,000
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	5,000
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	55,000
Total ▶ 3a				549,735

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 Paid during the year				
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	38,114
CHAMPIONS FOR EDUCATION INC 4201 CONGRESS STREET SUITE 420 CHARLOTTE, NC 28209	UNRELATED	PC	TO RAISE FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO IMPROVE THE QUALITY OF EDUCATIO AROUND THE NATION	50,000
CHAMPIONS FOR EDUCATION INC 4201 CONGRESS STREET SUITE 420 CHARLOTTE, NC 28209	UNRELATED	PC	TO RAISE FUNDS TO PROVIDE GRANTS TO OTHER CHARITIES WHICH STRIVE TO IMPROVE THE QUALITY OF EDUCATIO AROUND THE NATION	20,000
DAVIS LOVE FOUNDATION 100 RETREAT AVENUE 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
DOWNTOWN GREENSBORO FOUNDATION 122 NORTH ELM STREET SUITE 609 GREENSBORO, NC 27401	UNRELATED	PC	TO SUPPORT THE EDUCATIONAL, HISTORICAL PRESERVATION AND OTHER EXEMPT PUBLIC EFFORTS OF DOWNTOWN GREENSBORO INC WHICH IS A NONPROFIT ECONOMIC DEVELOPMENT ORGANIZATION FORMED TO PROMOTE AND STIMULATE NEW INVESTMENT AND INTEREST IN THE CENTER CITY AREA OF GREENSBORO, NC	15,000
Total ►				549,735
3a				

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 Paid during the year				
EASTERN MUSIC FESTIVAL INC PO BOX 22026 GREENSBORO, NC 27420	UNRELATED	PC	TO PROMOTE MUSICAL ENRICHMENT, EXCELLENCE, PROFESSIONAL COLLABORATION, INNOVATION AND DIVERSITY THROUGH A NATIONALLY-RECOGNIZED TEACHING PROGRAM, MUSICAL FESTIVAL, CONCERTS AND OTHER PROGRAMS WHICH WILL ENHANCE THE QUALITY OF LIFE, HEALTH AND VITALITY OF OUR REGION	5,000
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	UNRELATED	PC	TO ADDRESS THE NEEDS OF INDIVIDUALS DIAGNOSED ON THE AUTISM SPECTRUM, IN THE US AND ABROAD, WITH PROGRAMS THAT SEEK A CURE, PROVIDE SUPPORT FOR AFFECTED FAMILIES, AND TEACH LEARNING AND LIFE SKILLS TO THOSE WITH ASD	20,000
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
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	5,000
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	15,295
Total ►				549,735
3a				

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>				
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	66,814
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	9,512
GUILFORD COUNTY SPORTS HALL OF FAME 1921 WEST GATE CITY BLVD GREENSBORO, NC 27403	UNRELATED	PC	TO HONOR AND RECOGNIZE OUTSTANDING SPORTS FIGURES HAVING TIES TO GUILFORD COUNTY NORTH CAROLINA	1,500
HAAS FAMILY FOUNDATION C/O 104 SOUTH MAIN STREET SUITE 110 GREENVILLE, SC 29601	UNRELATED	PC	TO SUPPORT EDUCATIONAL, RELIGIOUS & CHARITABLE CAUSES	12,000
JUVENILE DIABETES RESEARCH FOUNDATION - PIEDMONT TRIAD CHAPTER 408 NORTH EUGENE STREET GREENSBORO, NC 27401	UNRELATED	PC	TO FIND A CURE FOR TYPE I DIABETES AND IT'S COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH	1,000
Total ► 3a				549,735

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>				
KEVIN HARVICK FOUNDATION 648D GRIFFITH ROAD CHARLOTTE, NC 28217	UNRELATED	PC	TO SUPPORT PROGRAMS THAT POSITIVELY ENRICH THE LIVES OF CHILDREN THROUGHOUT THE UNITED STATES	2,500
KEVIN HARVICK FOUNDATION 648D GRIFFITH ROAD CHARLOTTE, NC 28217	UNRELATED	PC	TO SUPPORT PROGRAMS THAT POSITIVELY ENRICH THE LIVES OF CHILDREN THROUGHOUT THE UNITED STATES	10,000
MIA HAMM FOUNDATION 5315 HIGHGATE DRIVE SUITE 204 DURHAM, NC 27713	UNRELATED	PC	DEDICATED TO RAISING FUNDS AND AWARENESS FOR FAMILIES IN NEED OF A MARROW OR CORD BLOOD TRANSPLANT AND THE DEVELOPMENT OF MORE OPPORTUNITIES FOR YOUNG WOMEN TO PARTICIPATE IN SPORTS	2,500
MUSICALMINDS NC INC PO BOX 2088 HUNTERSVILLE, NC 280702088	UNRELATED	PC	TO PROVIDE AN AFTER-SCHOOL PLATFORM FOR SOCIAL CHANGE BY TRANSFORMING THE LIVES OF UNDERSERVED YOUTH THROUGH A CLASSICAL MUSIC TRAINING PROGRAM INFUSED WITH CHARACTER EDUCATION PROMOTING SELF-ESTEEM, TEAMWORK, LEADERSHIP AND SOCIAL RESPONSIBILITY	1,000
PGA TOUR CHARITIES INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082	UNRELATED	PC	TO RAISE FUNDS TO DISTRIBUTE TO OTHER CHARITABLE AND EDUCATIONAL ORGANIZATIONS RECOGNIZED UNDER 501(C)(3) AND TO PROVIDE JUNIOR GOLF CLINICS TO CHILDREN AT NO CHARGE	25,000
Total ► 3a				549,735

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 Paid during the year				
PIEDMONT TRAIID 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
PURPLE HEART HOMES INC (PIEDMONT NC CHAPTER) C/O 623 RADAR ROAD GREENSBORO, NC 27407	UNRELATED	PC	TO PROVIDE HOUSING FOR SERVICE-CONNECTED DISABLED VETERANS THAT IS SUBSTANTIAL IN FUCTION, DESIGN, AND QUALITY FIT TO WELCOME HOME THE FIGHTING MEN AND WOMEN OF AMERICA	2,500
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	1,500
THE HOSPICE FOUNDATION 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	3,000
THE POWER OF PLAY CHARITABLE FUND 4517 JESSUP GROVE ROAD GREENSBORO, NC 27410	UNRELATED	PC	TO PROVIDE FINANCIAL ASSISTANCE TO AT-RISK YOUTH IN THE PIEDMONT TRIAD AREA OF NORTH CAROLINA AND TO PARTICIPATE IN ATHLETIC, ACADEMIC AND SPIRITUAL PROGRAMS	3,000
Total ►				549,735
3a				

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 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	1,000
UNC-G EXCELLENCE FOUNDATION (BRIDGESTONE COLLEGIATE GOLF) PO BOX 26170 GREENSBORO, NC 27402	UNRELATED	SO I	TO PROVIDE FUNDS FOR THE SPARTAN ATHLETICS EXCELLENCE SCHOLARSHIP FUND	1,000
WALKING FOR KIDS FOUNDATION PO BOX 3703 MERIDIAN, MO 39303	UNRELATED	PC	TO ALLOW PGA TOUR PROFESSIONALS AND SPORTS FANS THE OPPORTUNITY TO SUPPORT CHILDRENS CHARITIES	12,500
Total 				549,735
3a				

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					1,036,700
c HOSPITALITY					2,835,894
d TOURNAMENT ADMISSION					351,133
e CONCESSIONS, CLOTHING, AND PARKING					586,472
f SPONSORSHIP RECOGNITION					1,110,004
PARTY SPONSORSHIPS					92,500
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER					6,144,012
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	711210	24,953			
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	711210	22,880			

TY 2016 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
	12,900	0	12,900	12,900

TY 2016 Cash Deemed Charitable Explanation Statement

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

EIN: 56-6085407

Explanation: BETWEEN FEBRUARY 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 2016 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
27 COURSE PIN FLAGS	2007-07	PURCHASED	2016-06			1,009		0		1,009
CADDIE BIBS	2007-08	PURCHASED	2016-06			3,304		0		3,304
CREDENTIAL MACHINE	2008-07	PURCHASED	2016-06			3,564		0		3,564

TY 2016 General Explanation Attachment

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

EIN: 56-6085407

General Explanation Attachment

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

TY 2016 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
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	
2002 CHEVY SILVERADO	10,797	10,797	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	
2000 CHEVY SUBURBAN	7,385	7,385	0	
FLAGS FOR BRANDING AROUND BLEACHERS	2,452	2,452	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	
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	
(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	
HP LABTOP (VOLUNTEERS)	937	937	0	
HP LABTOP (CLAI)	611	611	0	
4 HP LAPTOPS (MARK, STEVE, BOBBY, KELLY))	7,647	7,647	0	
5 COOL-MIST FANS	4,250	4,250	0	
CADDIE BIBS	2,725	2,725	0	
(2) COOL-MIST FANS	1,590	1,590	0	
OFFICE FURNITURE (KELLY'S OFFICE)	2,036	2,036	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
HP LAPTOP (SHARON)	2,036	2,036	0	
PROJECTOR	500	500	0	
FABRICATED ALUM HEADER SIGN FOR SCOREBOARD	1,568	1,568	0	
IPADS (MARK, BOBBY, STEVE, TERRY, & KELLY)	3,906	3,906	0	
TEEBOX COOLERS	3,609	3,609	0	
RECYCLING CONTAINERS	7,048	7,048	0	
DOWNTOWN STREET BANNERS	8,583	8,583	0	
HP LAPTOP (TERRY)	1,315	1,249	66	66
TIKI BARS & CUBBY SHELF	6,000	5,300	700	700
SIGN REVISIONS	7,000	5,833	1,167	1,167
STANDARD BEARER SIGNS	11,059	7,926	3,133	3,133
BARRICADE COVERS	4,188	2,862	1,326	1,326
PALM & BAMBOO FAKE FOLIAGE PLANTS	4,107	2,806	1,301	1,301
CADDIE BIBS	5,154	5,154	0	
ADIRONDACK CHAIRS	2,700	1,800	900	900
WILL-CALL DECK,TRAILER RAMP, WALLSCREEN ETC	7,600	5,067	2,533	2,533
2013 CADILLAC ATS	46,466	27,105	19,361	19,361
HOLE SIGNS	15,564	7,523	8,041	8,041
SERVING COUNTERS, TIKI BAR, LEGENDS BAR	15,000	7,250	7,750	7,750
HISTORY WALL	26,688	12,899	13,789	13,789
HP PROLIANT SERVER	15,837	5,279	10,558	10,558
CREDENTIAL MACHINE	5,319	1,773	3,546	3,546
PARKING LOT, EXPANSION + CART PATHS	114,578	36,283	78,295	78,295
CART PATHS	5,330	1,688	3,642	3,642
NEW HEADERS FOR STANDARDS & DRIVING RANGE SIG	718	718	0	
5400 WAYNE ROAD (GOLD PARKING LOT)	427,621	0	427,621	427,621

TY 2016 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
	2,533	0	2,533	2,394

TY 2016 Mortgages and Notes Payable Schedule

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

EIN: 56-6085407

Total Mortgage Amount:

Item No.	1
Lender's Name	BRANCH BANKING & TRUST COMPANY
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	150,000
Balance Due	0
Date of Note	2006-12
Maturity Date	2017-05
Repayment Terms	INTEREST IS TO BE PAID MONTHLY.
Interest Rate	0.040000000000
Security Provided by Borrower	EQUIPMENT RECEIVABLE
Purpose of Loan	LINE OF CREDIT
Description of Lender Consideration	NONE
Consideration FMV	
Item No.	1
Lender's Name	BRANCH BANKING & TRUST COMPANY
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	6,400,000
Balance Due	3,800,000
Date of Note	2008-02
Maturity Date	2023-03
Repayment Terms	ACCRUED INTEREST MONTHLY; PRINCIPAL \$400,000/YEAR; BALANCE DUE 5/15/16.
Interest Rate	3.470000000000
Security Provided by Borrower	BANK & INVESTMENT ACCOUNTS; GUARANTEED BY OTHER TRUST AND OTHER FOUNDATION.
Purpose of Loan	BUYOUT OF LONG-TERM LEASE.
Description of Lender Consideration	NONE
Consideration FMV	

Item No.	3
Lender's Name	BRANCH BANKING & TRUST COMPANY
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	600,000
Balance Due	300,000
Date of Note	2010-12
Maturity Date	2017-05
Repayment Terms	INTEREST IS TO BE PAID MONTHLY.
Interest Rate	0.040000000000
Security Provided by Borrower	UNSECURED
Purpose of Loan	LINE OF CREDIT
Description of Lender Consideration	NONE
Consideration FMV	

TY 2016 Other Assets Schedule

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

EIN: 56-6085407

Other Assets Schedule

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	-420,674	-474,987	-474,987
DEPOSITS	57,302	50,138	50,138
INTEREST IN TOURNAMENT DIRECTOR LIFE INSURANCE POLICY	68,360	85,450	85,450

TY 2016 Other Expenses Schedule

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

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
RENT	304,867	0	304,867	304,367
GENERAL AND ADMINISTRATIVE	123,364	0	123,364	120,430
PURSE, PERSONNEL, AND GENERAL GOLF TOURNAMENT EXPENSES	5,916,639	0	5,916,639	5,910,576
TOURNAMENT OPERATIONS	2,460,017	0	2,460,017	2,475,382
COURSE SALES (CLOTHING, CONCESSIONS, TICKETS)	566,264	0	566,264	566,158
MEDIA	335,249	0	335,249	338,804
HOSPITALITY	1,105,336	0	1,105,336	1,122,751
CONSULTING FEES	287,500	0	287,500	287,500
OFFICIAL TOURNAMENT PROGRAM EXPENSES	12,133	0	12,133	0
OFFICIAL DAILY PAIRINGS GUIDE EXPENSES	14,194	0	14,194	0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AMORTIZATION	54,313	0	54,313	0
LESS WYNDHAM CHAMPIONSHIP INCOME	0	0	0	-12,156,715

TY 2016 Other Income Schedule**Name:** PIEDMONT TRIAD CHARITABLE FOUNDATION

D/B/A WYNDHAM CHAMPIONSHIP

EIN: 56-6085407**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SPONSOR SALES	1,036,700		1,036,700
HOSPITALITY	2,835,894		2,835,894
TOURNAMENT ADMISSION	351,133		351,133
CONCESSIONS, CLOTHING, AND PARKING	586,472		586,472
SPONSORSHIP RECOGNITION	1,110,004		1,110,004
PARTY SPONSORSHIPS	92,500		92,500
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER	6,144,012		6,144,012
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	24,953		24,953
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	22,880		22,880

TY 2016 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	63,276	0	63,276	63,276
UNRELATED BUSINESS INCOME TAX	76	0	76	0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	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 2016
	Name of the organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	Employer identification number 56-6085407

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
---	---

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)
—	_____ _____	\$ _____	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
---	---

Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions) Use duplicate copies of Part II if additional space is needed</small>	(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
---	---

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

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
<u>1</u>	BB&T	\$ 50,000	Person <input checked="" type="checkbox"/>
	1100 REYNOLDS BLVD THIRD FLOOR		Payroll <input type="checkbox"/>
	WINSTONSALEM, NC27105		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	TECHNOLOGY CONCEPTS AND DESIGN INC	\$ 17,000	Person <input checked="" type="checkbox"/>
	4510 WEYBRIDGE LANE		Payroll <input type="checkbox"/>
	GREENSBORO, NC27407		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	GLEN RAVEN INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	1831 NORTH PARK AVENUE		Payroll <input type="checkbox"/>
	GLEN RAVEN, NC27217		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	THE JOSEPH M BRYAN FOUNDATION OF GREATER GSO INC	\$ 215,000	Person <input checked="" type="checkbox"/>
	PO BOX 26040		Payroll <input type="checkbox"/>
	GREENSBORO, NC27420		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	THE COMMUNITY FOUNDATION	\$ 366,026	Person <input checked="" type="checkbox"/>
	PO BOX 9010		Payroll <input type="checkbox"/>
	GREENSBORO, NC27429		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	BELL FOUNDATION	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO BOX 3288		Payroll <input type="checkbox"/>
	GREENSBORO, NC27402		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

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
<u>7</u>	THE MICHAEL W HALEY FOUNDATION INC	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	11911 US HWY ONE SUITE 201		
	NORTH PALM BEACH, FL33408		
<u>8</u>	CHARLES AND CHERYL MCQUEARY	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	10 CRESWELL COURT		
	GREENSBORO, NC27407		
<u>9</u>	PGA TOUR INC	\$ 195,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	100 PGA TOUR BLVD		
	PONTE VEDRA BEACH, FL32082		
<u>10</u>	WISHES BY WYNDHAM CHARITABLE FOUNDATION	\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	22 SYLVAN WAY		
	PARSIPPANY, NJ07054		
<u>11</u>	THE WINSTON-SALEM FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	380 KNOLLWOOD STREET SUITE 610		
	WINSTONSALEM, NC27103		
<u>12</u>	KENNETH D MILLER	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	300 N GREENE STREET SUITE 1750		
	GREENSBORO, NC27401		

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
<u>13</u>	LINCOLN FINANCIAL GROUP	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	100 N GREENE STREET		
	GREENSBORO, NC27401		
<u>14</u>	THE TRUST COMPANY OF THE SOUTH	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	3041 S CHURCH STREET		
	BURLINGTON, NC27215		
<u>15</u>	WEAVER FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	PO BOX 26040		
	GREENSBORO, NC27420		
<u>16</u>	MARK E BRAZIL	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	151 CHEROKEE DRIVE		
	MOORESVILLE, NC28117		
<u>17</u>	ASTELLAS US LLC	\$ 11,965	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	100 BROADWAY 7TH FLOOR		
	NEW YORK, NY10005		
<u>18</u>	DEAN AND LAURA NORMAN	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1902 LAFAYETTE AVE		
	GREENSBORO, NC27408		

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
<u>19</u>	STEPHEN HASSENFELT	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	300 N GREENE STREET SUITE 1750		Payroll <input type="checkbox"/>
	GREENSBORO, NC27401		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>20</u>	PARTY REFLECTIONS INC	<u>\$ 9,000</u>	Person <input checked="" type="checkbox"/>
	3412 MONROE ROAD		Payroll <input type="checkbox"/>
	CHARLOTTE, NC28205		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>21</u>	HAECO AMERICAS	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	623 RADAR RD		Payroll <input type="checkbox"/>
	GREENSBORO, NC27410		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>22</u>	THE JOHN MCCONNELL FOUNDATION	<u>\$ 7,000</u>	Person <input checked="" type="checkbox"/>
	ONE WEST FOURTH STREET 2ND FLOOR		Payroll <input type="checkbox"/>
	WINSTONSALEM, NC27101		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)