







For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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 <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		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) ▶ \$ 3,931,925	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.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

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)	1,660,099			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . .				
	3 Interest on savings and temporary cash investments	14,511	14,511	14,511	
	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 _____				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . . 	14,584,947	0	14,584,947	
	12 Total. Add lines 1 through 11 . . . . .	16,259,557	14,511	14,599,458	
	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages . . . . .	1,204,609	0	1,204,609	1,203,941
	15 Pension plans, employee benefits . . . . .	111,350	0	111,350	104,787
	16a Legal fees (attach schedule) . . . . . 	4,219	0	4,219	4,470
	b Accounting fees (attach schedule) . . . . . 	14,500	0	14,500	14,500
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	161,432	14,511	161,432	141,341
	18 Taxes (attach schedule) (see instructions) . . . . . 	75,607	0	75,607	66,508
	19 Depreciation (attach schedule) and depletion . . . . .	105,914	0	105,914	
	20 Occupancy . . . . .	51,596	0	51,596	51,596
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . . 	13,458,559	0	13,458,559	-1,110,185
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	15,187,786	14,511	15,187,786	476,958
	25 Contributions, gifts, grants paid . . . . .	499,140			499,140
	26 Total expenses and disbursements. Add lines 24 and 25	15,686,926	14,511	15,187,786	976,098
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	572,631			
	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	<b>1</b> Cash—non-interest-bearing . . . . .	4,268	1,959	1,959
	<b>2</b> Savings and temporary cash investments . . . . .	894,122	433,487	433,487
	<b>3</b> Accounts receivable ▶ <u>401,420</u>			
	Less: allowance for doubtful accounts ▶ <u>25,000</u>	380,481	376,420	376,420
	<b>4</b> Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .	68,086	57,229	57,229
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,205	16,217	16,217
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .				
<b>14</b> Land, buildings, and equipment: basis ▶ <u>3,450,650</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>540,757</u>	566,943	2,909,893	2,909,893	
<b>15</b> Other assets (describe ▶ _____)	148,518	136,720	136,720	
<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,076,623	3,931,925	3,931,925	
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	163,341	275,453	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .	205,250	92,751	
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .	3,000,000	4,283,058	
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	3,368,591	4,651,262	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	-1,291,968	-719,337	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	-1,291,968	-719,337	
<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) .	2,076,623	3,931,925		

Part III Analysis of Changes in Net Assets or Fund Balances		
<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	<b>1</b>	-1,291,968
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	572,631
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	-719,337
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	<b>6</b>	-719,337

**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.)
<b>1a</b>			

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	
<div style="display: flex; justify-content: space-between;"> <span>{ If gain, also enter in Part I, line 7</span> <span>{ If (loss), enter -0- in Part I, line 7</span> </div>		
<b>3</b> 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	<b>3</b>	

**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))
2018	355,354	836,671	0.424724
2017	721,096	518,572	1.390542
2016	923,120	680,562	1.356408
2015	90,145	747,880	0.120534
2014	854,744	809,440	1.055970

<b>2</b> Total of line 1, column (d)	<b>2</b>	4.348178
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0.869636
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	<b>4</b>	1,327,150
<b>5</b> Multiply line 4 by line 3	<b>5</b>	1,154,137
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	0
<b>7</b> Add lines 5 and 6	<b>7</b>	1,154,137
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	976,098

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)**

<b>1a</b>	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>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	<b>1</b>	0
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2.	<b>3</b>	0
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	0
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	0
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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?		No
<b>b</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>		No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <input type="checkbox"/> \$ 0 <b>(2)</b> On foundation managers. <input type="checkbox"/> \$ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0		
<b>2</b> 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>		No
<b>3</b> 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>		No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	Yes	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
<b>6</b> 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?	Yes	
<b>7</b> 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>	Yes	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NC		
<b>b</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>	Yes	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>►</b> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>►</b> THE ORGANIZATION Telephone no. <b>►</b> (336) 379-1570			

Located at **►** 416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO NCZIP+4 **►** 27409

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>►</b> <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>►</b> <b>15</b>			
<b>16</b>	At any time during calendar year 2019, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>►</b>			

**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.**

		<b>Yes</b>	<b>No</b>
<b>1a</b>	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? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . . <b>1b</b>		
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . . <b>1c</b>		<b>No</b>
<b>2</b>	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)):		
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If "Yes," list the years <b>►</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . . <b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <b>►</b> 20____, 20____, 20____, 20____		
<b>3a</b>	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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>b</b>	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . . <b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>		<b>No</b>
<b>b</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 2019? <b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
<b>7a</b>	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>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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	TOURNAMENT DIRECTOR	489,579	18,788	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40.00			
ROBERT POWELL	DIRECTOR OF OPERATIO	183,435	18,938	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40.00			
KELLY PINNIX	DIRECTOR OF FINANCE	179,000	11,680	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40.00			
TERRY JONES	DIRECTOR OF DEV. & S	136,401	15,270	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40.00			
JAMES GENTRY III	SALES REPRESENTATIVE	74,231	7,527	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409	40.00			
<b>Total number of other employees paid over \$50,000.</b>				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	3,769,380
MCCONNELL GOLF LLC 400 DONALD ROSS DRIVE RALEIGH, NC 27610		
PARTY REFLECTIONS INC 3412 MONROE ROAD CHARLOTTE, NC 28205	FOOD/BEVERAGE, MAINTENANCE, MIN. GUARANTY	843,565
T&B EQUIPMENT COMPANY INC 11065 LEADBETTER ROAD ASHLAND, VA 23005	TENTS, TABLES, CHAIRS, CARPETING, FANS	513,796
HORNE TIPPS TROPHY SUITES INC 8198 WOODLAND CENTER BLVD TAMPA, FL 33614	SCAFFOLDING, BLEACHERS, FLOORING	480,840
	LUXURY SUITES/INSTALLATION	353,347
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ►		12

**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
<b>1</b> 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.	15,078,161
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	2,040,561
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	2,040,561
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	2,040,561
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) . . . . .	<b>4</b>	713,411
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,327,150
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	66,358

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	976,098
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	976,098
<b>5</b>	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. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	976,098

**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 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . .				
<b>9 Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**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 2019, 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. . . . . 44,239 27,889 17,286 22,685 112,099

**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) 2019	(b) 2018	(c) 2017	(d) 2016	
0	40,673	0	0	40,673
0	34,572	0	0	34,572
976,098	355,354	721,096	923,120	2,975,668
499,140	455,773	424,792	549,235	1,928,940
476,958	-100,419	296,304	373,885	1,046,728

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

**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).)

ROBERT E LONG JR

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	499,140
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

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

Enter gross amounts unless otherwise indicated.

1 Program service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
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	14,511	
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		
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). .		144,500		14,511	14,440,447
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)					14,599,458

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

[illegible]

## Part XVII

		Yes	No
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1a(1)		No
1a(2)		No

--	--	--

<b>1b(1)</b>	<b>No</b>
--------------	-----------

<b>1b(2)</b>		<b>No</b>
--------------	--	-----------

<b>1b(3)</b>		<b>No</b>
--------------	--	-----------

<b>1b(4)</b>		<b>No</b>
--------------	--	-----------

<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>		<b>No</b>
--------------	--	-----------

1c		No
----	--	----

value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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

(see instr.) ☒ Yes ☐ No

Print/Type preparer's name  JOHN M ROBINSON	Preparer's Signature	Date  2020-06-10	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 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
ROBERT E LONG JR	CHAIRMAN OF BOARD 25.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
ALLEN E GANT JR	VICE CHAIRMAN OF BOARD 6.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
WILLIAM H SMITH	TREASURER 6.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
CANTEY ALEXANDER	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
STEVE BOWDEN	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
FRANK BRENNER	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BOB BRUGGEWORTH	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JAMES B CROUCH JR	DIRECTOR 4.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
LOUIS DEJOY	DIRECTOR 3.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
PAUL FULTON	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
MICHELLE GETHERS-CLARK	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
MIKE HALEY	DIRECTOR 3.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
GEORGE HOUSE	DIRECTOR 4.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BILL JOHNSON	DIRECTOR 5.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JIM JUMPE	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				

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
HAROLD L MARTIN SR	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JOHN MCCONNELL	DIRECTOR 10.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
MACKEY MCDONALD	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JIM MELVIN	DIRECTOR 15.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
T DAVID NEILL	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
NIDO QUBEIN	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
CAROLE SIMMS	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
FRED STARR	DIRECTOR 4.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
BEN C SUTTON JR	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
JOHN SWOFFORD	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
ROYSTER TUCKER III	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
THOMAS C WATKINS	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				
DUNLOP WHITE III	DIRECTOR 2.00	0	0	0
416 GALLIMORE DAIRY ROAD SUITE M GREENSBORO, NC 27409				

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)				
<b>a</b> <i>Paid during the year</i>				
ABC OF NC FOUNDATION 905 FRIEDBERG CHURCH ROAD WINSTONSALEM, NC 27127	UNRELATED	PC	TO SUPPORT THE MISSION AND THE PROGRAMS OF ABC OF NC IN ALL ACTIVITIES OF THE FOUNDATION WHICH INCLUDE HOLDING AND MANAGING ENDOWMENT FUNDS AND OTHER ASSETS FOR ABC OF NC, SHALL BE IN SUPPORT OF ABC OF NC.	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.	142,000
ANNIKA FOUNDATION 1257 WORCESTER ROAD 254 FRAMINGHAM, MA 01701	UNRELATED	PC	TO PROVIDE OPPORTUNITIES IN WOMEN'S GOLF AT THE JUNIOR, COLLEGIATE AND PROFESSIONAL LEVELS WHILE TEACHING YOUNG PEOPLE THE IMPORTANCE OF LIVING A HEALTHY, ACTIVE LIFESTYLE THROUGH FITNESS AND NUTRITION.	5,000
<b>Total . . . . . ▶ 3a</b>				499,140



**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)				
<b>a</b> <i>Paid during the year</i>				
ANNIKA FOUNDATION 1257 WORCESTER ROAD 254 FRAMINGHAM, MA 01701	UNRELATED	PC	TO PROVIDE OPPORTUNITIES IN WOMEN'S GOLF AT THE JUNIOR, COLLEGIATE AND PROFESSIONAL LEVELS WHILE TEACHING YOUNG PEOPLE THE IMPORTANCE OF LIVING A HEALTHY, ACTIVE LIFESTYLE THROUGH FITNESS AND NUTRITION.	5,000
BENNETT COLLEGE 900 EAST WASHINGTON STREET GREENSBORO, NC 27401	UNRELATED	PC	TO PREPARE STUDENTS PERSONALLY, SOCIALLY, AND INTELLECTUALLY TO EFFECTIVELY FUNTION IN A CHALLENGING GLOBAL SOCIETY.	25,000
BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207	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.	5,000
<b>Total . . . . . ► 3a</b>				499,140

**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)				
<b>a</b> <i>Paid during the year</i>				
DAVIDSON DAY SCHOOL 750 JETTON STREET DAVIDSON, NC 28036	UNRELATED	PC	TO PROVIDE A DIVERSE INDEPENDENT SCHOOL THAT CULTIVATES ACADEMIC EXCELLENCE THROUGH COLLABORATION, CREATIVITY AND CHARACTER DEVELOPMENT.	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
FAMILY SERVICES OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	UNRELATED	PC	TO FOCUS ON BUILDING SAFE AND HEALTY FAMILIES.	500
<b>Total . . . . . ► 3a</b>				499,140

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)				
<b>a</b> <i>Paid during the year</i>				
GATEWAY EDUCATION CENTER PTA 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.	10,178
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	UNRELATED	PC	TO FULFILL THE WISHES OF CHILDREN WITH LIFE THREATENING ILLNESSES AND THEIR FAMILIES.	225
GIVE KIDS THE WORLD INC 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	UNRELATED	PC	TO FULFILL THE WISHES OF CHILDREN WITH LIFE THREATENING ILLNESSES AND THEIR FAMILIES.	325
<b>Total . . . . .</b>			<b>3a</b>	499,140

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)				
<b>a</b> <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.	98,862
GREENSBORO SPORTS FOUNDATION 2411 WEST GATE CITY BOULEVARD GREENSBORO, NC 27403	UNRELATED	PC	TO PROMOTE ATHLETIC EVENTS IN GREENSBORO NORTH CAROLINA.	25,000
KEVIN & BRITTANY KISNER FOUNDATION PO BOX 256 GRANITEVILLE, SC 29829	UNRELATED	PC	COMMITTED TO CREATING A POSITIVE ENVIRONMENT FOR CHILDREN TO GROW INTO RESPONSIBLE ADULTS.	15,000
<b>Total . . . . . ► 3a</b>				499,140

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)				
<b>a</b> <i>Paid during the year</i>				
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.	8,000
NORTH CAROLINA SPORTS HALL OF FAME PO BOX 31524 RALEIGH, NC 27622	UNRELATED	PC	TO CELEBRATE EXCELLENCE AND EXTRAORDINARY ACHIEVEMENT IN ATHLETICS.	1,000
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
<b>Total . . . . . ► 3a</b>				499,140

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)				
<b>a</b> <i>Paid during the year</i>				
ROOM AT THE INN OF THE CAROLINAS 734 PARK AVENUE GREENSBORO, NC 27405	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
SWINGPALS INC 908 STONE FALLS TRAIL RALEIGH, NC 27614	UNRELATED	PC	TO GIVE CHILDREN FACING ADVERSITY THE OPPORTUNITY TO FULLY REALIZE THEIR POTENTIAL AND LEAD CONFIDENT, PRODUCTIVE, ENRICHED LIVES.	10,000
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
<b>Total</b> . . . . . ► <b>3a</b>				499,140

**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)				
<b>a</b> <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
THE TESORI FAMILY FOUNDATION 101 MARKETSIDE AVENUE SUITE 404 345 PONTE VEDRA, FL 32081	UNRELATED	PC	TO ACHIEVE GREAT THINGS THROUGH GOD BY LENDING A HELPING HAND, PROVIDING HOPE AND HEALING HEARTS FOR CHILDREN	5,000
UNCG SPARTAN CLUBPO BOX 26168 GREENSBORO, NC 27402	UNRELATED	PC	TO PROVIDE FUNDS FOR THE SPARTAN ATHLETICS EXCELLENCE SCHOLARSHIP FUND.	1,800
<b>Total . . . . . ► 3a</b>				499,140

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)				
<b>a</b> <i>Paid during the year</i>				
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	UNRELATED	PC	TO MAKE INVESTMENTS IN THE COMMUNITY SO THAT EVERY INDIVIDUAL AND FAMILY CAN SUCCEED THROUGH COMMUNITY PARTNERSHIPS. UNITED WAY HELPS CHILDREN AND YOUNG PEOPLE SUCCEED IN SCHOOL AND IN LIFE, OFFERS FINANCIAL STABILITY FOR INDIVIDUALS AND FAMILIES, AND EMPOWERS ALL TO LEAD A HEALTHY LIFE. UNITED WAY MOBILIZES AND UNITES THE PASSION, EXPERTISE, AND RESOURCES OF CARING CITIZENS AND INVEST IN EFFECTIVE PROGRAMS TO ACHIEVE SOLUTIONS TO THE COMMUNITY'S MOST CRITICAL ISSUES TOGETHER, WITH COMMUNITY AND CORPORATE PARTNERS, DONORS, VOLUNTEERS AND ADVOCATES. UNITED WAY OF GREATER GREENSBORO IS FOCUSING ITS WORK ON BREAKING THE CYCLE OF POVERTY IN GREATER GREENSBORO AND CREATING OPPORTUNITIES FOR A HIGH QUALITY OF LIFE FOR ALL.	1,250
USO OF NORTH CAROLINA INC 600 AIRPORT BOULEVARD 200 MORRISVILLE, NC 27560	UNRELATED	PC	TO HELP STRENGTHEN AMERICA'S MILITARY SERVICE MEMBERS BY KEEPING THEM CONNECTED TO FAMILY, HOME, AND COUNTRY THROUGHOUT THEIR SERVICE TO THE NATION.	5,000
WALKING FOR KIDS FOUNDATION PO BOX 3703 MERIDIAN, MS 39303	UNRELATED	PC	TO ALLOW PGA TOUR PROFESSIONALS AND SPORTS FANS THE OPPORTUNITY TO SUPPORT CHILDREN'S CHARITIES.	12,500
<b>Total . . . . .</b>			<b>3a</b>	499,140



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)				
<b>a</b> <i>Paid during the year</i>				
WINSTON-SALEM TENNIS INC 519 DEACON BOULEVARD WINSTONSALEM, NC 27105	UNRELATED	PC	TO PROMOTE TENNIS IN ALL OUR COMMUNITIES BY DIRECTING CLINICS, TOURNAMENTS, TRAINING/EDUCATING INSTRUCTORS AN SPONSORING YOUTH AND ADULT PROGRAMS.	25,000
YOUNG MEN'S CHRISTIAN ASSOCIATON OF GREENSBORO INC 620 GREEN VALLEY ROAD SUITE 201 GREENSBORO, NC 27408	UNRELATED	PC	TO PUT JUDEO-CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD A HEALTHY SPIRIT, MIND AND BODY FOR ALL.	5,000
<b>Total . . . . . ▶ 3a</b>				499,140

**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		<b>(e)</b> Related or exempt function income (See the instructions.)
	<b>(a)</b> Business code	<b>(b)</b> Amount	<b>(c)</b> Exclusion code	<b>(d)</b> Amount	
<b>1</b> Program service revenue:					
<b>a</b> WYNDHAM CHAMPIONSHIP					
<b>b</b> SPONSOR SALES					1,431,550
<b>c</b> HOSPITALITY					3,479,215
<b>d</b> TOURNAMENT ADMISSION					452,443
<b>e</b> CONCESSIONS, CLOTHING, AND PARKING					723,206
<b>f</b> SPONSORSHIP RECOGNITION					857,539
PARTY SPONSORSHIPS					100,200
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER					7,396,294
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	711210	65,500			
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	711210	79,000			

**TY 2019 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
	14,500	0	14,500	14,500

**TY 2019 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 2019 Gain/Loss from Sale of Other Assets Schedule

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

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
COOL-MIST FANS	2010-09	PURCHASED	2019-06			1,590		0		1,590
CADDIE BIBS	2013-08	PURCHASED	2019-12			5,154		0		5,154

**TY 2019 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	51,473	51,473	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	
FENCE AT CART SHED	2,865	2,865	0	
5 COOL-MIST FANS	4,250	4,250	0	
OFFICE FURNITURE (KELLY'S OFFICE)	2,036	2,036	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	
TIKI BARS & CUBBY SHELF	6,000	6,000	0	
SIGN REVISIONS	7,000	7,000	0	
STANDARD BEARER SIGNS	11,059	11,059	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BARRICADE COVERS	4,188	4,188	0	
ADIRONDACK CHAIRS	2,700	2,700	0	
HOLE SIGNS	15,564	15,564	0	
SERVING COUNTERS, TIKI BAR, LEGENDS BAR	15,000	15,000	0	
HISTORY WALL	26,688	26,688	0	
HP PROLIANT SERVER	15,837	14,783	1,054	1,054
CREDENTIAL MACHINE	5,319	4,964	355	355
PARKING LOT, EXPANSION + CART PATHS	114,578	105,030	9,548	9,548
CART PATHS	5,330	4,886	444	444
NEW HEADERS FOR STANDARDS & DRIVING RANGE SIG	721	721	0	
5400 WAYNE ROAD (GOLD PARKING LOT)	427,621	0	427,621	427,621
GRASSMATS	24,360	9,280	15,080	15,080
2014 FORD EXPLORER	26,311	12,279	14,032	14,032
GOLD LOT INFRASTRUCTURE WORK	16,500	1,994	14,506	14,506
2016 CHEVROLET SUBURBAN	38,700	11,610	27,090	27,090
MINIATURE GOLF COURSE	5,466	1,549	3,917	3,917
VARIOUS (5400 DORCHESTER	69,957	5,830	64,127	64,127
VARIOUS (5412 DORCHESTER)	8,027	669	7,358	7,358
CART PATH ADJUSTMENT ON HOLE #13	39,236	3,924	35,312	35,312
3005 NEAR WEST SEDGEFIELD DRIVE	39,836	0	39,836	39,836
LAND 5400 DORCHESTER	220,130	0	220,130	220,130
LAND - 5412 DORCHESTER	301,232	0	301,232	301,232
RETAINING WALL 5400 DORCHESTER	26,630	888	25,742	25,742
LANDSCAPING - 5400 DORCHESTER	7,426	186	7,240	7,240
5400 DORCHESTER	830,583	20,765	809,818	809,818
5412 DORCHESTER	376,038	7,834	368,204	368,204
5400 DORCHESTER IMPROVEMENTS	218,169	9,090	209,079	209,079
5412 DORCHESTER IMPROVEMENTS	68,663	3,433	65,230	65,230
CONSTRUCTION IN PROGRESS	242,938	0	242,938	242,938

# TY 2019 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
	4,219	0	4,219	4,470



**TY 2019 Mortgages and Notes Payable Schedule**

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

**EIN:** 56-6085407

**Total Mortgage Amount:** 1,283,058

**Mortgages and Notes Payable Schedule**

<b>Item No.</b>	<b>1</b>
<b>Lender's Name</b>	BRANCH BANKING & TRUST COMPANY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	6,400,000
<b>Balance Due</b>	2,600,000
<b>Date of Note</b>	2008-02
<b>Maturity Date</b>	2023-03
<b>Repayment Terms</b>	ACCRUED INTEREST MONTHLY; PRINCIPAL \$400,000/YEAR; BALANCE DUE 5/15/16.
<b>Interest Rate</b>	3.470000000000
<b>Security Provided by Borrower</b>	BANK & INVESTMENT ACCOUNTS; GUARANTEED BY OTHER TRUST AND OTHER FOUNDATION.
<b>Purpose of Loan</b>	BUYOUT OF LONG-TERM LEASE.
<b>Description of Lender Consideration</b>	NONE
<b>Consideration FMV</b>	

**Mortgages and Notes Payable Schedule**

<b>Item No.</b>	2
<b>Lender's Name</b>	BRANCH BANKING & TRUST COMPANY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	800,000
<b>Balance Due</b>	400,000
<b>Date of Note</b>	2013-12
<b>Maturity Date</b>	2021-05
<b>Repayment Terms</b>	INTEREST IS TO BE PAID MONTHLY.
<b>Interest Rate</b>	4.750000000000
<b>Security Provided by Borrower</b>	GUARANTEED BY BOARD MEMBER.
<b>Purpose of Loan</b>	LINE OF CREDIT
<b>Description of Lender Consideration</b>	NONE
<b>Consideration FMV</b>	

**Mortgages and Notes Payable Schedule**

<b>Item No.</b>	3
<b>Lender's Name</b>	BRANCH BANKING & TRUST COMPANY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	888,250
<b>Balance Due</b>	847,613
<b>Date of Note</b>	2019-01
<b>Maturity Date</b>	2026-01
<b>Repayment Terms</b>	PAYABLE IN MONTHLY INSTALLMENTS OF \$7,072 PLUS INTEREST AT 5.03%.
<b>Interest Rate</b>	5.030000000000
<b>Security Provided by Borrower</b>	SECURED BY A BUILDING WITH A CARRYING VALUE OF \$809,819.
<b>Purpose of Loan</b>	REAL PROPERTY
<b>Description of Lender Consideration</b>	NONE
<b>Consideration FMV</b>	

**Mortgages and Notes Payable Schedule**

<b>Item No.</b>	4
<b>Lender's Name</b>	BRANCH BANKING & TRUST COMPANY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	452,455
<b>Balance Due</b>	435,445
<b>Date of Note</b>	2019-03
<b>Maturity Date</b>	2026-03
<b>Repayment Terms</b>	PAYABLE IN MONTHLY INSTALLMENTS OF \$3,603 PLUS INTEREST AT 5.03%.
<b>Interest Rate</b>	5.030000000000
<b>Security Provided by Borrower</b>	SECURED BY A BUILDING WITH A CARRYING VALUE OF \$368,204.
<b>Purpose of Loan</b>	REAL PROPERTY
<b>Description of Lender Consideration</b>	NONE
<b>Consideration FMV</b>	

**TY 2019 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	-543,134	-543,134	-543,134
DEPOSITS	28,888		
INTEREST IN TOURNAMENT DIRECTOR LIFE INSURANCE POLICY	119,630	136,720	136,720

**TY 2019 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	389,486	0	389,486	336,986
GENERAL AND ADMINISTRATIVE	251,415	0	251,415	251,270
PURSE, PERSONNEL, AND GENERAL GOLF TOURNAMENT EXPENSES	7,589,213	0	7,589,213	7,578,853
TOURNAMENT OPERATIONS	2,870,954	0	2,870,954	2,873,943
COURSE SALES (CLOTHING, CONCESSIONS, TICKETS)	703,207	0	703,207	702,596
MEDIA	287,550	0	287,550	293,805
HOSPITALITY	1,281,843	0	1,281,843	1,292,808
OFFICIAL TOURNAMENT PROGRAM EXPENSES	35,566	0	35,566	0
OFFICIAL DAILY PAIRINGS GUIDE EXPENSES	49,325	0	49,325	0
LESS WYNDHAM CHAMPIONSHIP INCOME	0	0	0	-14,440,446

**TY 2019 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	1,431,550		1,431,550
HOSPITALITY	3,479,215		3,479,215
TOURNAMENT ADMISSION	452,443		452,443
CONCESSIONS, CLOTHING, AND PARKING	723,206		723,206
SPONSORSHIP RECOGNITION	857,539		857,539
PARTY SPONSORSHIPS	100,200		100,200
TITLE SPONSOR, PGA REIMBURSEMENT, AND OTHER	7,396,294		7,396,294
ADVERTISING REVENUE - OFFICIAL TOURNAMENT PROGRAM	65,500		65,500
ADVERTISING REVENUE - OFFICIAL DAILY PAIRINGS GUIDE	79,000		79,000

**TY 2019 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	66,508	0	66,508	66,508
UNRELATED BUSINESS INCOME TAX	9,099	0	9,099	0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF)  Department of the Treasury Internal Revenue Service	<b>Schedule of Contributors</b>  ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.	OMB No. 1545-0047  <b>2019</b>
	Name of the organization PIEDMONT TRIAD CHARITABLE FOUNDATION D/B/A WYNDHAM CHAMPIONSHIP	<b>Employer identification number</b> 56-6085407

Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't 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 _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____ _____ _____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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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<b>Part II</b> 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
-		\$	
(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>	
	<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>	
	<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>	
	<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>	
	<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
<u>1</u>	BB&T	\$ 65,000	Person <input checked="" type="checkbox"/>
	1100 REYNOLDS BLVD THIRD FLOOR		Payroll <input type="checkbox"/>
	WINSTONSALEM, NC 27105		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	GLEN RAVEN INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	1831 NORTH PARK AVENUE		Payroll <input type="checkbox"/>
	GLEN RAVEN, NC 27217		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	THE JOSEPH M BRYAN FOUNDATION OF GREATER GSO INC	\$ 240,500	Person <input checked="" type="checkbox"/>
	PO BOX 26040		Payroll <input type="checkbox"/>
	GREENSBORO, NC 27420		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	THE COMMUNITY FOUNDATION	\$ 363,724	Person <input checked="" type="checkbox"/>
	PO BOX 9010		Payroll <input type="checkbox"/>
	GREENSBORO, NC 27429		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	BELL FOUNDATION	\$ 15,000	Person <input checked="" type="checkbox"/>
	PO BOX 3288		Payroll <input type="checkbox"/>
	GREENSBORO, NC 27402		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	THE MICHAEL W HALEY FOUNDATION INC	\$ 100,000	Person <input checked="" type="checkbox"/>
	11911 US HWY ONE SUITE 201		Payroll <input type="checkbox"/>
	NORTH PALM BEACH, FL 33408		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	J ROBERT STOUT	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	5500 WAYNE ROAD		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27407		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	PGA TOUR INC	\$ 180,000	<b>Person</b> <input checked="" type="checkbox"/>
	100 PGA TOUR BLVD		<b>Payroll</b> <input type="checkbox"/>
	PONTE VEDRA BEACH, FL 32082		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	WYNDHAM WORLDWIDE OPERATIONS INC	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/>
	22 SYLVAN WAY		<b>Payroll</b> <input type="checkbox"/>
	PARSIPPANY, NJ 07054		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	LINCOLN FINANCIAL GROUP	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/>
	100 N GREENE STREET		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27401		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	THE TRUST COMPANY OF THE SOUTH	\$ 35,357	<b>Person</b> <input checked="" type="checkbox"/>
	3041 S CHURCH STREET		<b>Payroll</b> <input type="checkbox"/>
	BURLINGTON, NC 27215		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	MARK E BRAZIL	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	151 CHEROKEE DRIVE		<b>Payroll</b> <input type="checkbox"/>
	MOORESVILLE, NC 28117		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE JOHN MCCONNELL FOUNDATION	\$ 42,000	<b>Person</b> <input checked="" type="checkbox"/>
	ONE WEST FOURTH STREET 2ND FLOOR		<b>Payroll</b> <input type="checkbox"/>
	WINSTONSALEM, NC 27101		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
14	OZONE WASTE SOLUTIONS	\$ 11,000	<b>Person</b> <input checked="" type="checkbox"/>
	4500 GREEN POINT DR SUITE 106		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27410		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
15	WYNDHAM DESTINATIONS	\$ 117,000	<b>Person</b> <input checked="" type="checkbox"/>
	6277 SEA HARBOR DR		<b>Payroll</b> <input type="checkbox"/>
	ORLANDO, FL 32821		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
16	CHOWDHURRY FAMILY FOUNDATION	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	4800 GOLDEN ACRES ROAD		<b>Payroll</b> <input type="checkbox"/>
	OAK RIDGE, NC 27310		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
17	FRANK BRENNER	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/>
	17000 GRANVILLE ROAD		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27408		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
18	GOLF FORE FUN INC	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 236		<b>Payroll</b> <input type="checkbox"/>
	CLEMMONS, NC 27012		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	JET BLUE SWING FOR GOOD	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	27-01 QUEENS PLAZA NORTH		<b>Payroll</b> <input type="checkbox"/>
	LONG ISLAND, NY 11101		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>20</u>	JIM CROUCH	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/>
	7241 BURLINGTON ROAD		<b>Payroll</b> <input type="checkbox"/>
	WHITSETT, NC 27377		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>21</u>	LOUIS DEJOY & ALDONA Z WOS FAMILY FOUNDATION	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 10373		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27404		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>22</u>	THE WINSTON-SALEM FOUNDATION	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/>
	751 4TH ST 200		<b>Payroll</b> <input type="checkbox"/>
	WINSTONSALEM, NC 27101		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>23</u>	TEALL CAPITAL	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/>
	PO BOX 21528		<b>Payroll</b> <input type="checkbox"/>
	WINSTONSALEM, NC 27120		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>24</u>	TUGGIE DUGGINS PA	\$ 9,000	<b>Person</b> <input checked="" type="checkbox"/>
	100 NORTH GREEN STREET SUITE 600		<b>Payroll</b> <input type="checkbox"/>
	GREENSBORO, NC 27401		<b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)