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Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Interr	nal Reve	nue Service	► Go to ww	w.irs gov/Form990 for in	structions	and the latest	t information.	100	Inspection
A F	or th	e 2018 cal	lendar year, or tax year beginning		, 2018,	and ending			, 20
р.	heck if a		Name of organization				D Employer ide		number
<b>B</b> 0	_		PIEDMONT BUSINESS CAP	ITAL			56-187	2877	
_	Addre	10 L	Doing business as						
Х	Name	change	Number and street (or P O box if mail is	not delivered to street addres	s)	Room/suite	E Telephone ni	ımber	
Ĺ	Initial	return	1451 S. ELM-EUGENE ST	. SUITE 2121			(336) 27	5-867	5
	Final termi	return/ nated	City or town, state or province, country,	and ZIP or foreign postal code	•				
	Amer		GREENSBORO, NC 27406				G Gross receipt		474,671
L	Appli	cation F 1	Name and address of principal officer	WILSON LESTER		6	H(a) Is this a gre subordinate		Yes X N
			1451 S ELM-EUGENE ST.	STE 2123, GREE	NSBORO,	NC (2,74°Q	6 ,H(b) Are all subor		7 Yes N
l	Tax-ex	empt status	X 501(c)(3) 501(c) (	) <b>◀</b> (insert no )	4947(a)(1)	or / 527	if "No," a	ttach a list (s	ee instructions)
J	Websi	te ▶ N/	A		<u> </u>		H(c) Group exer	iption numbe	r <b>&gt;</b>
K	Form	of organizati	ion X Corporation Trust	Association Other	· 1	L Year of	formation 1993 M	State of le	gal domicile NC
Pa	art l	Sumn			ļ				
Ü	, 1	Briefly de	scribe the organization's mission of	or most significant activities	TO GE	NERATE E	CONOMIC GROW	'H, ENC	COURAGE
<u>g</u>	5	SMALL	BUSINESS DEVELOPMENT	, CREATE JOBS,	AND REV	ITALIZE 1	NEIGHBORHOODS	3	
	1	BY PRO	OVIDING LOANS AND FIN.	ANCIAL SERVICES	TO UND	ERSERVED	BUSINESSES.		
Activities & Governing	2	Check thi	is box 🕨 🔲 if the organization of	discontinued its operation	s or dispose	ed of more tha	in 25% of its net asse	is	
TG	3	Number o	of voting members of the governing	body (Part VI, line 1a)				3	14.
~~0	4	Number o	of independent voting members of	the governing body (Part	VI, line 1b) .			4	14.
	5	Total num	nber of individuals employed in cal	endar year 2018 (Part V, I	ne 2a)			5	3 .
<b>~</b> ≩	6	Total num	nber of volunteers (estimate if neces	ssary)				6	0.
<b>3</b> ₹	7a	Total unre	elated business revenue from Part \	/III, column (C), line 12 .				7a	0.
	b	Net unrel	ated business taxable income from	Form 990-T, line 38			<u> </u>	7b	
ر ا							Prior Year		Current Year
5 。	8	Contribut	ions and grants (Part VIII, line 1h).				263,5	50.	400,485
nua	9	Program	service revenue (Part VIII, line 2g) .				22,2	59.	28,705
Revenue	10	Investme	nt income (Part VIII, column (A), lin	es 3, 4, and 7d)				8.	0
ш.	11	Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)			1,6		45,481
	12	Total reve	enue - add lines 8 through 11 (mus	t equal Part VIII, column (	A), line 12).		287,4		474,671
	13	Grants ar	enue - add lines 8 through 11 (mus nd similar amounts paid (Part IX, col paid to or for members (Part IX, col	umn (A), lines 1-3)	C [=1\:/[			0.	0
	14	Benefits (	paid to or for members (Part IX, colu	ımn (A), line 4)	<u> </u>	<u> </u>		0.	0
S			other compensation, employee ben	1 7 1	lines 5-10).		95,5		131,186
ŠUS	16 a	Professio	inal fundraising fees (Part IX, colum	n (A), line 11e 🂢	4R 1.2 2	019		0.	0
Expenses	þ	Total fund	draising expenses (Part IX, column (	(D), line 25) ▶	0	· 8			
ш	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)	, L) L, K, I.	117	129,2		155,434
	18	Total exp	enses Add lines 13-17 (must equa	il Part IX, column (A), hale	28)JEIN,	<u></u>	224,8		286,620
	119	Revenue	less expenses Subtract line 18 from	m line 12			62,6		188,051
ssets or Salances							Beginning of Current		End of Year
sset alai	20		ets (Part X, line 16)				639,5		780,056
₹ĕ	21		ilities (Part X, line 26)				48,7		1,201
	22		ts or fund balances Subtract line 2	1 from line 20	<u></u>	<del></del>	590,8	34.	778,855
	rt II		ture Block	<del></del>	<del></del>				
Une	der per e. corre	naities of pe ect, and com	erjury, I declare that I have examined the property of the pro	nis retum, including accomp in officer) is based on all infoi	anying sched mation of wh	ules and staten Ich preparer ha	nents, and to the best of s any knowledge	of my know	dedge and belief, it i
	<u> </u>	<u> </u>	111110						ua.
Sig	n	D ====	MILL		<del></del>		Date	6.20	
He		Sigi	nature of office	-0			Date		
			WILSON VESTE	<u> </u>					
		<u></u>	e or print name and title	Dropped or a street		Data	· I	PTIN	
Paid	1		e preparer's name	Preparers signature		Date	Check	J"	
	parer	PATRIC	CK D FREEMAN	Variable.	Dr.	3/4	self-emplo		00847443
	Only	Firm's nar		MLEY, LLP			Firm's EIN ▶		
			dress ▶3625 N ELM STREET, SUIT				Phone no		4-3700
			uss this return with the prepare	<del></del>	nstructions)	<u> </u>	<del></del>	<u> [</u>	X Yes N
For	Pape	rwork Red	duction Act Notice, see the separa	ite instructions.					Form <b>990</b> (2018

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For	m 990 (2018)	Page 2
P	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>.       </u>
1	Briefly describe the organization's mission	
	TO GENERATE ECONOMIC GROWTH, ENCOURAGE SMALL BUSINESS DEVELOPMENT,	
	CREATE JOBS, AND REVITALIZE NEIGHBORHOODS BY PROVIDING LOANS AND	
	FINANCIAL SERVICES TO UNDERSERVED BUSINESSES IN OUR COMMUNITY.	
2		X No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program	☞
	services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meast expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$244,420   including grants of \$0 ) (Revenue \$28,705 )	)
	TO PROMOTE COMMUNITY DEVELOPMENT AND SOCIAL WELFARE BY PROVIDING	
	BUSINESS LOAN PROGRAMS TO MINORITY AND FEMALE OWNED BUSINESSES IN	
	THE FORM OF LOANS, SUBORDINATED DEBT AND EQUITY INVESTMENTS.	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
		<del></del>
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 244,420.	
JSA	10.07 5.03 5.07 5.07 5.07 5.07 5.07 5.07 5.07 5.07	(2018)
اےں	VEV - 400	

56-1872877 130KO

**Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Х assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. . . . . . . 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Х 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional... Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . . . . . . . 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?......... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)......... 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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Page 4

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		_X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_		28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
J	Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and œase operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ĺ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ĺ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	1
	19? Note. All Form 990 filers are required to complete Schedule O	38		Щ.
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
4 ~	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		- 33	<del></del>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	ĺ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
Ü	reportable gaming (gambling) winnings to prize winners?			
	reportable gaining (gaintening) withinings to prize withiners	Form	990	(2018)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		. 53	
40	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
ь	If "Yes," enter the name of the foreign country ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			l
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			l
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
-	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			l
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ļ	
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders	4		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources			l
	against amounts due or received from them )	ļ		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1	]	
	Enter the amount of reserves on hand			<del>  ;</del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · ·	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	<del> </del>	X
	If "Yes," see instructions and file Form 4720, Schedule N			x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<del>  ^</del>
	If "Yes," complete Form 4720, Schedule O	<u> </u>	n 990	(204
		ron	11 フフリ	/ (201/

PIEDMONT BUSINESS CAPITAL 56-1872877 Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management

			Yes	No
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   14			
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain in Schedule O  Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
-	Did the organization have members or stockholders?	6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint		-	
7a		7a		Х
	one or more members of the governing body?			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	8a	х	
а	The governing body?	8b		
	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		)	
0000	on b. I diletes (This decitor b requeste information about policide not required by the internal restance		Yes	No
40-	Did the accompation have local charters because or offlicted?	10a		Х
	Did the organization have local chapters, branches, or affiliates?	700		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
11a		<b>—</b>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1-4-		
D	rise to conflicts?	12b	х	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
С	describe in Schedule O how this was done	12c	х	
42	Did the organization have a written whistleblower policy?	13	-	Х
13	Did the organization have a written document retention and destruction policy?	14	X	
14 15	· · ·			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
a	Other officers or key employees of the organization	15b		х
υ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	, = 00		· (=)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con	erest	policy	, and
. •	financial statements available to the public during the tax year		,	
20	State the name, address, and telephone number of the person who possesses the organization's books and record DEBORAH HOOPER 1451 S ELM-EUGENE ST SUITE 2121 GREENSBORO, NC 27406 336-387-8320	ls ▶		
	DEBORAH HOOPER 1451 S ELM-EUGENE ST SUITE 2121 GREENSBORO, NC 27406 336-387-8320	-		

Part VII	Compensation			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization no	or any related	lorga	nıza			mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Officer Institution Individual or direct				ore than one on is both an ector/trustee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)KARL ROBINSON	3.00									
BOARD CHAIRMAN	0.	x		X				٥.	0.	0.
(2)GARY PAUL KANE	3.00	<u> </u>	$\vdash$	<del>  ^</del>	<del> </del>	-		· · · · · · · · · · · · · · · · · · ·	•	
BOARD VICE CHAIRMAN	0.	х		х				٥.	0.	ο.
(3) ERESTERINE GUIDRY	3.00	<u> </u>	-	<u> </u>					······································	
BOARD SECRETARY	0.	х		x				٥.	٥.	0.
(4)SCOTT BAKER	3.00	<del></del>	$\vdash$	<del>                                     </del>	_					
LOAN COMMITTEE CHAIRMAN	0.	х		х				0.	٥.	0.
(5)DEBORAH HOOPER	3.00		$\vdash$		<del>                                     </del>					
BOARD TREASURER	0.	х		х				0.	0.	٥.
(6)MARK HAGENBUCH	1.00					<del> </del>	-			
BOARD MEMBER	0.	Х						0.	0.	ο.
(7)RUDOLPH H. CLARK, JR.	1.00					-	_			
BOARD MEMBER	0.	Х						0.	0.	٥.
(8)KAREN MARTINEZ	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)MICHAEL SCHIFTAN	1.00									
BOARD MEMBER	0.	х						٥.	0.	o.
(10)HECTOR MCEACHERN	1.00						·			
BOARD MEMBER	0.	х			ŀ			٥.	ο.	0.
(11)MELANIE TUTTLE	1.00	<b></b>								
BOARD MEMBER	0.	х			ļ			ο.	0.	0.
(12)RONALD WILEY	1.00									
BOARD MEMBER	0.	х						ο.	0.	0.
(13)ADRIAN SMITH	1.00									
BOARD MEMBER	0.	х				<u> </u>		0.	0.	0.
(14)KIM CAMERON	1.00									
BOARD MEMBER	0.	Х		L				0.	0.	0

Part VII	Section A. Officers, Directors,	Trustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Emplo	yees (d	continued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck is pe	rson	n of the Highest compensated to be or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compensati relate organiza (W-2/1099	able ion from ed itions	(F) Estimated amount of other compensation from the organization and related organizations
		10.00		L"			ted	_				
15) WILSO	ON LESTER JTIVE DIRECTOR	40.00	-		х				80,000.	!	0.	o
EXEC	DIVE DIRECTOR	0.			^				80,000.		<u> </u>	
			ļ 									
			_									
										,		
c lotal fr	al om continuation sheets to Part VII dd lines 1b and 1c)	, Section A						<b>*</b> * *	0. 80,000. 80,000.		0. 0. 0.	0
2 Total nu	imber of individuals (including but note to be compensation from the organization from the organization).	ot limited to the						re	ceived more than	\$100,000	of	
3 Did the	e organization list any former o ee on line 1a? If "Yes," complete Sch	fficer, directo	r, or ch ind	tru:	ste	e, I	кеу е	mp	loyee, or highest	compens	ated	Yes No
organiza <i>individu</i>	r individual listed on line 1a, is the ation and related organizations at	greater than	\$15 	0,00	00?		"Yes 	," ( 	complete Schedu	e J for	such 	4 X
for serv	ices rendered to the organization? If											5 X
1 Comple	te this table for your five highest classifier from the organization Repo	ompensated in	ndepe on for	nde the	nt d	cont	racto ar ye	rs t ar e	hat received more inding with or with	than \$100 in the orga	0,000 o anizatio	of n's tax
	(A) Name and business	address							(B) Description of se	rvices	C	(C) Compensation
					_			F				
						-		1				
		<del></del>				_		+	<del> </del>		ļ <u>-</u>	
	umber of independent contractors an \$100,000 in compensation from				itec	l to		e lı	sted above) who	received		

_	990 (2		JSINESS CAP	ITAL		56-187	2877 Page <b>9</b>
Pai	rt VII	<del>-</del> ,					
		Check if Schedule O contains a respon	ise or note to an				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					-
Sra	ь	Membership dues 1b					į
AT A	С	Fundraising events 1c					
활	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	300,000			•	
utr je	f	All other contributions, gifts, grants,					
trib Oth		and similar amounts not included above . 1f	100,485				
o P	g	Noncash contributions included in lines 1a-1f \$		-			
	h	Total. Add lines 1a-1f	▶	400,485			
ũ			Business Code		. –		
eve	2a	LOAN INTEREST	900099	20,237	20,237		
ë	b	LOAN APPLICATION & PROCESSING FEES	900099	4,679	4,679		
ξ	С	EIS & ASSOCIATED EVENTS	900099	3,789	3,789		
Program Service Revenue	d				<del></del>	<del></del>	
ran	е	· · · · · · · · · · · · · · · · · · ·	-				
rog	f	All other program service revenue	L				
	g	Total Add lines 2a-2f		28,705			<u> </u>
	3	Investment income (including dividen		0			i
		and other similar amounts)		0			
	4 5	Income from investment of tax-exempt bond Royalties		0			
	•	(i) Real	(II) Personal				
		Crans roots					
	6a	Gross rents					
	b	Rental income or (loss)					
	d d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	ь	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss)			····		
	d	Net gain or (loss)	▶	0			
ō	8a	Gross income from fundraising					
eun		events (not including \$					
Şe.		of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18 a	1				
\$	b	Less direct expenses b					
	С	Net income or (loss) from fundraising events	· · · · · · <b>&gt;</b>	0			
	9 a	Gross income from gaming activities					
		See Part IV, line 19 a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities.	•	0			
	10a	Gross sales of inventory, less returns and allowances	0				

Business Code

900099

900099

45,436

45,481

474,671

45

45,436

74,186

45

b Less cost of goods sold . . . . . . . . . Net income or (loss) from sales of inventory, Miscellaneous Revenue

FORGIVENESS OF DEBT

MISCELLANEOUS INCOME

d All other revenue . . . .

e Total Add lines 11a-11d . . .

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part iX . . . (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic 0 individuals See Part IV, line 22 . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . . 0 4 Benefits paid to or for members . . . . . . . . . 0 5 Compensation of current officers, directors, 80,000. 68,000. 12,000. trustees, and key employees . . ATCH. 1 . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages . . . . . . . . . . . . . . . . . 39,972. 41,885. 1,913 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) Λ 9 Other employee benefits . . . . . . . . . . . . 9,301. 7,479. 1,822 11 Fees for services (non-employees) 0 a Management 717 3,660. 2,943. 5,670. 579. 5,091. 0 0 e Professional fundraising services See Part IV, line 17, 0 f Investment management fees . . . . . . . . . g Other (If line 11g amount exceeds 10% of line 25 column 33,313. 29,376. 3,937 (A) amount, list line 11g expenses on Schedule (A) ATCH 2 2,242. 19,070. 16,828. 9,610. 11,491. 1,881. 8,419. 6,770 1,649 Information technology........ 0 15 7,876. 6,333. 1,543 16 16,304. 13,542. 2,762. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 45,222. 39,443. 5,779 Conferences, conventions, and meetings 19 0 0 21 Payments to affiliates........ 1,239. 996. 243 22 Depreciation, depletion, and amortization . . . . 3,170. 2,549. 621 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) e All other expenses 286,620. 244,420. 42,200 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if

0

following SOP 98-2 (ASC 958-720) . . . . . .

Pa	ırt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	429,611.	1	491,140.
	2	Savings and temporary cash investments	19,135.	2	19,148.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	547.	4	3,895.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	ļ	Complete Part II of Schedule L	0.	5	0.
40	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	.0.	6	0.
ěţ	7	Notes and loans receivable, net	182,628.	7	255,548.
Assets	8	Inventories for sale or use	0.		0.
•	9	Inventories for sale or use	2,130.	9	6,086.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 7,878.			
	b	Less accumulated depreciation	5,082.		3,843.
	11	Investments - publicly traded securities		11	_0.
	12	Investments - other securities See Part IV, line 11		12	0.
	13	Investments - program-related See Part IV, line 11	0.		0.
	14	Intangible assets		14	0.
	15	Other assets See Part IV, line 11	396.	· • •	396.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	639,529.	16	780,056.
	17	Accounts payable and accrued expenses	3,289.	17	1,201.
	18	Grants payable	0.		0.
	19	Deferred revenue	0.	13	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			;
Ħ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	45,436.		0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	0.		
		of Schedule D	48,725.		1,201.
	26	Total liabilities. Add lines 17 through 25	40,725.	26	1,201.
ses		complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	464,773.	27	657,488.
Bal	28	Temporarily restricted net assets	126,031.	28	121,367.
5	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34			
ţ	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	590,804.	33	778,855.
	34	Total liabilities and net assets/fund balances	639,529.	34	780,056.
					Form <b>990</b> (2018)

Form **990** (2018)

Form 9	90 (2018)				Pa	ge iz
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. <u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	74,6	671.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	86,6	620.
3	Revenue less expenses Subtract line 2 from line 1	3		1	88,	051.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	90,8	804.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7	78,8	855.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>			Ш
					Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	i or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent ac-			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, or					
	Schedule O					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	h in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required sudit or sudits, explain why in Schedule O and describe any stens taken to undergo such as			3h	I	1

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PIEDMONT BUSINESS CAPITAL

Employer Identification number 56-1872877

		•111 B00211200 C111 2 1111	-					
Pa	rt I	Reason for Public Cha	rity Status (All c	rganizations must o	omplet	e this pa	art ) See instructions	
The	org	anization is not a private fou	ndation because it	is (For lines 1 through	h 12, ch	eck only	one box )	
1		A church, convention of chi	irches, or associa	tion of churches descr	rbed in s	ection 1	70(b)(1)(A)(i).	7``.( <i>X</i>
2	П	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ))	$\mathcal{I} \mathcal{I}$
3		A hospital or a cooperative		•	-			/
4	Н	A medical research organiz	•	•				(iii), Enter the
	ш	hospital's name, city, and st						. ,
5		An organization operated to		a college or universit	v owner	d or ope	rated by a governme	ntal unit described in
•	ш	section 170(b)(1)(A)(iv). (C		a conogo or arrivoron	,	- С. Срс		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(	h)(1)(A)(v)	
7	$\vdash$	An organization that norma	•					om the general public
•		described in section 170(b)			pport	om a go	vermientar ann ar m	om the general pashs
8		A community trust describe		•	Dart II \			
9	$\vdash$	An agricultural research org					Lin conjunction with a	land-grant college
3	ш	-						
		or university or a non-land-	gram college of ag	inculture (see instruct	ions) E	nter the	name, city, and state of	the college of
4.0	х	university	II	ara than 224/20/ af ita		from on	ntributions momborsh	un food, and grace
10	_	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt frent income and ur	unctions - subject to o nrelated business tax	certain e able inco	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its
11	Ш	An organization organized a	and operated exclu	usively to test for publi	c safety	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	isively for the benefit	of, to pe	erform th	ie functions of, or to c	arry out the purposes
		of one or more publicly su	pported organizati	ons described in <b>sect</b>	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of si	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	n(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting organization	ou must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	· · · · · · · · · · · · · · · · · · ·					
		organization(s) You must		=		•		•
С	Г	Type III functionally integ			ted in c	onnectio	n with, and functional	ly integrated with,
		its supported organization		• •				,
d	Г	Type III non-functionally						ted organization(s)
	-	that is not functionally inte			•		• •	
		requirement (see instructi	-	-	-			
e	Г	Check this box if the orga	•	•		-		I. Type III
Ī	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	En	ter the number of supported	• •					
u		ovide the following information	•					
Ţ		ame of supported organization	(II) EIN	(III) Type of organization	(Iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	` '	., .	, ,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					163	110		
(A)								
		•						
(B)								
							pa p	
(C)		)						
		<u> </u>				<u> </u>		
(D)								
(F)								
(E)								
Tot	al							
. 50	٠.			1	I		ł	I

Par	Support Schedule for Orga (Complete only if you checked Part III If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if ti	he organizatioi	n failed to qua	
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			,,	7		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4			//			<u> </u>
	tion B. Total Support	r					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015//	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4		/.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	/,	/				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support Add lines 7 through 10	Ĺ <i>Ź</i>	<u> </u>				
12	Gross receipts from related activities, etc. (	sée instructions) .				12	
13	First five years. If the Form 990 is/f organization, check this box and stop here	<del>.</del>					
	tion C. Computation of Public Sup	·	_	44 (0)		44	%
14	Public support percentage for 2018 (III) Public support percentage from 2017					15	<del>/6</del>
15	331/3% support test - 2018. If the or						
ıva	box and stop here. The organization q						<b>▶</b> □
h	331/3% support test - 2017. If the organization q						re check
	this box and stop here. The organizati						
17a	10%-facts-and-circumstances test						
	10% or more, and if the organization						
	Part VI how the organization meets	the "facts-and-o	circumstances" t	est The organi	zation qualifies	as a publicly s	supported
	organization,,			_			▶ 🔲
b	10%-facts-and-circumstances test -	2017. If the or	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the org	anization meets	s the "facts-and	d-circumstances	" test, check tl	his box and st	top here.
	Explain in Part VI how the organization	on meets the '	facts-and-circur	nstances" test	The organization	on qualifies as	a publicly
	supported organization						▶ 📖
18	Private foundation. If the organization						1 1
	instructions	<u> </u>		<del></del>			
					S	ichedule A (Form	990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support				<del></del>	,	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2014	( <b>b</b> ) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	215,450	200,000	207,350	263,550	400,485	1,286,835
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	9,203	9,335	12,186	22,269	28,705	81,698
3	Gross receipts from activities that are not an	,,_,,					
Ū	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the						
~	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
3							
	furnished by a governmental unit to the						•
^	organization without charge						0
6	Total Add lines 1 through 5	224,653	209,335	219,536_	285,819	429,190	1,368,533
/a	Amounts included on lines 1, 2, and 3						_
b	received from disqualified persons						0
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0_
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						1,368,533
	tion B. Total Support	453,004,4	#\\ 0045	(1) 0040	4.0.0047	(1) 0040	(D. T-4-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	224,653	209,335	219,536	285,819	429,190	1,368,533
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	6	4	4	8		22
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	6	4	4	8		
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI) ATCH 1	37	3,034	4	1,655	45,481	50,211
13	Total support (Add lines 9, 10c, 11,						
	and 12)	224,696	212,373	219,544	287,482	474,671	1,418,766
14	First five years If the Form 990 is f						
	organization, check this box and stop here			· · · · · · · ·	<u> </u>	<u></u>	▶ 📘
	tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·		····	
15	Public support percentage for 2018 (line 8					. 15	96.46%
16	Public support percentage from 2017 Sche			<u>,,,,,,,,</u>		16	99.53%
Sec	tion D. Computation of Investmen					<del></del>	
17	Investment income percentage for 2018 (In		•			17	.00%
18	Investment income percentage from 2017					18	.00%
19 a	331/3% support tests - 2018. If the org						F
	17 is not more than 331/3%, check th						
b	33 1/3 % support tests - 2017 If the orga	inization did not	check a box on li	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check	this box and st	op here The org	janization qualifie	es as a publicly	supported organi	zation ►

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	- 3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	· 6	_	_
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		-
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		

10b

determine whether the organization had excess business holdings )

	le A (Form 990 or 990-EZ) 2018			Page 5
Part	Supporting Organizations (continued)		V	N.
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
<u> </u>	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	-	,
Secti	on C. Type II Supporting Organizations		V	
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	. 3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test Complete line 2 below	tructi	ons)	
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru		No
2	Activities Test Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<b>2</b> a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		-

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatior	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov 20, 1970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) Thor real	(optional)
1 Net short-term capital gain	1	<del></del>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a	· · ·	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	<del></del>	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		_	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y intear	ated Type III supporting	g organization (see
instructions)			- · ·

Schedule A (Form 990 or 990-EZ) 2018

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	ion D - Distributions	_, <u> </u>	· · · · · · · · · · · · · · · · · · ·	Current Year
1_	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exen	1		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		<del> </del>	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			•
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			'
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
			Sahadula	A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

				AT	TACHMENT 1	<u> </u>
SCHEDULE A, PART II	I - OTHER INCOM	E				
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS INCOME	37	3,034	4	1,655	45	4,775
FORGIVENESS OF DEBT					45,436	45,436
TOTALS	37_	3,034	4_	1,655	45,481	50,211

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization	· · · · · · · · · · · · · · · · · · ·	Employer Identification number
PIE	DMONT BUSINESS CAPITAL		56-1872877
$\overline{}$	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds of	or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	r advisers in writing that the accets half	d in donor advised
5	Did the organization inform all donors and donor		
•	funds are the organization's property, subject to the	e organization's exclusive legal control	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		Tes NO
Pa	Conservation Easements.	L"Voc" on Form 000 Port IV line 7	
_	Complete if the organization answered		<u> </u>
1	Purpose(s) of conservation easements held by the		- of a historically important land area
	Preservation of land for public use (e.g., rec	, , , , , , , , , , , , , , , , , , ,	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		the form of a second water
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year	•	<del></del>
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or term	inated by the organization during the
	tax year 🕨		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re	garding the periodic monitoring, inspe	ction, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspe-	cting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		icial statements that describes the
_	organization's accounting for conservation easeme		
Pa	organizations Maintaining Collection		er Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its	revenue statement and balance shee
	public service, provide, in Part XIII, the text of the f	ar assets neid for public exhibition, ed optnote to its financial statements that de	escribes these items
h	If the organization elected, as permitted under		
b	works of art, historical treasures, or other simil	lar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts rela-	ting to these items	
	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of a	art, historical treasures, or other similar	r assets for financial gain, provide the
-	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>⊳</b> s

⊃ag	e	2

Pa	rt III Organizations Maintaini											
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, chec	k any o	f the	follow	ing that a	re a sigr	ificant us	e of its
	collection items (check all that app	ly)										
а	Public exhibition			d 🗌	Loan	or excha	ange	prograi	ms			
b	Scholarly research			е 🗌	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	s and expla	ain how	they fur	ther	the org	ganızatıon':	s exemp	purpose	ın Part
	XIII											
5	During the year, did the organization	n solicit (	or receive of	donations o	f art, hist	orical tr	easu	res, or	other simil	ar _	_	
	assets to be sold to raise funds rath	er than t	o be maint	ained as pa	rt of the	organiza	ation	's collec	ction?		Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m
1 a	Is the organization an agent, truste	e, custo	dian or oth	er intermed	lary for c	ontribut	ions	or othe	r assets no	t		
	included on Form 990, Part X?										Yes	No No
b	If "Yes," explain the arrangement in											
			•							Amount		
С	Beginning balance						1c					
d	Additions during the year											
е	Distributions during the year						1e					
f	Ending balance						1f					
	Did the organization include an am										Yes	No.
b	If "Yes," explain the arrangement in	n Part XII	II Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
Pai	t V Endowment Funds.											
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, I							
		(a) Cui	rrent year	(b) Prio	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four ye	ears back
1 a	Beginning of year balance					ļ						
b	Contributions					ļ						
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses			ļ								
g	End of year balance					<u> </u>						<del></del>
2	Provide the estimated percentage		irrent year		e (line 1g	, column	(a))	held as				
	Board designated or quasi-endown		_	_%								
	Permanent endowment >		•									
С	Temporarily restricted endowment		%									
_	The percentages on lines 2a, 2b, a									4L =		
3 a	Are there endowment funds not in	tne poss	ession of t	ne organiza	ition that	are nei	u an	admir	nstered for	me	ſ✓	es No
	organization by										3a(i)	
	(i) unrelated organizations										3a(ii)	<del></del>
	(ii) related organizations										3b	
D	If "Yes" on line 3a(ii), are the related	_		· ·			· · ·					
4	Describe in Part XIII the intended until Land, Buildings, and Equ			auon s endo	willent fü	nus						
Га	Complete if the organization	ation ans	swered "Y	es" on Fo	rm_990,	Part IV	, line	11a \$	See Form	990, Pa	irt X, line	10
	Description of property			r other basis stment)		or other ba other)	asis		cumulated eciation	(0	) Book valu	e 
1 a	Land				ļ		_		2 515			2 417
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С	Leasehold improvements		<b></b>			<del></del>	_					
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ota	I. Add lines 1a through 1e (Column	(a) mus	ı <del>a</del> quai ron	iii 990, Pari	A, COIUITI	11 (D), III	10 10	·/	<u></u> ▶	Sched	ule D (Form	

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security (criculum) game of security interests (criculum) game of security interests (criculum) game of security (criculum) game game game game game game game game	Part VII			Part IV I Inc. 445 Oct. Faces 000 5	2
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3) Other   (A)   (B)   (C)	(1) Financia	al derivatives			
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Investments - Program Related.	<del></del>	(h)	<u> </u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				<u> </u>	
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PIEDMONT BUSINESS CAPITAL 56-1872877 Schedule D (Form 990) 2018 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 474,671. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2b 2c c Recoveries of prior year grants...... 2e 474,671. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 4a 4b 474,671. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 286,620. 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2b c Other losses..... 2e 286,620. 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 4a 286,620. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . . . Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2. Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization

PIEDMONT BUSINESS CAPITAL

Employer identification number

56-1872877

REVIEW OF FORM 990

PART VI, SECTION B, LINE 11B

DEBORAH HOOPER, CURRENT BOARD MEMBER OF THE FUND, WILL REVIEW THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO THE FILING OF THE RETURN.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE DIRECTORS ARE ASKED TO COMPLETE A QUESTIONNAIRE THAT WOULD DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ONLY UPON REQUEST.

APPROVAL OF COMPENSATION

PART VI, SECTION B, LINE 15A

NARROWED CANDIDATES THROUGH EXECUTIVE COMMITTEE AND VOTED ON BY THE

BOARD.

Name of the organization PIEDMONT BUSINESS CAPITAL			Employer Identif	
TIEDMONI BOSINESS CAFITAE		· <del></del>	ATTACHMENT	
FORM 990, PART IX - COMPENSATION (	OF OFFICERS, DIREC	TORS. ETC.		
Total Joy Little In Contraction	or orrection bridge	10110, 110.	=	
NAME	PROG: SERV:		NAGEMENT ID GENERAL	FUNDRAISING
WILSON LESTER COMPENSATION:	68	,000.	12,000.	
com Endition.		,	12,000.	
TOTALS	68	000.	12,000.	
			12,000.	
			ATTACHMENT	2
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
DECORTER ON	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISIN
DESCRIPTION	FEES	SERVICE EXP	. AND GENERAL	EXPENSES
TECHNICAL SUPPORT FEES	19,350.	17,643	. 1,707	
CONTRACT SERVICES	13,519.	11,376	. 2,143	
SERVICE & FILING FEES	444.	357	. 87	
CERVICE & FIBING FEED				_
TOTALS	33,313.	29,376	<u>3,937</u>	≐
			ATTACHMENT 3	
FORM 990, PART X - PREPAID EXPENSE	ES AND DEFERRED CH	ARGES		
20.0. JOU I'MI A - FREFAID BAFBNOE	DO AND DEPERRED CIT	1110		
DESCRIPTION			ENDING BOOK VAL	
DESCRIPTION			BOOK VAL	<u> </u>
			_	,070.

TOTALS

5,016.

6,086.

PREPAID EXPENSES

PIEDMONT BUSINESS CAPITAL

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

OMB No 1545-0047

56-1872877

▶ Go to www irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990

PIEDMONT BUSINESS CAPITAL

Name of the organization Department of the Treasury Internal Revenue Service

Employer identification number

56-1872877

Partl	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	ı answered "Yes" on	Form 990, Part IV	, line 33		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)		11-11				
(2)						
(3)						
(4)						
(5)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	he organization ans	wered "Yes" on Fo	rm 990, Part IV	, line 34, because	it had

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section		(f) Direct controlling	(g) Section 512(b)(13) controlled	) 12(b)(13) olled
			or toreign country)		((c)(c)) oc nonces ii)	ening	ent	ا ج
							Yes	ş
(1) GREENSBORO AREA CHAMBER OF COMMERCE 56	56-0245040							
342 NORTH ELM STREET GREENSBORO, NC 27401	NC 27401	BUSINESS DEV. NC	NC	501(C)(6)		N/A		×
(2)								
(3)								
		·						
(4)								
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990	or Form 990					Schedule	Schedule R (Form 990) 2018	90) 2018

For Reperwork Reduction Act Notice, see the Instructions for Form 990

8E1307 1 000

Schedule R (Form 990) 2018

Page 2 (k) Percentage ownership (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year (i)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionate affectations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predomnant
Income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling entity (c) Legal domicite (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Ξ (2) € 3 3 (2) (9)

Identi Ine 3	ed Organizations Taxable I one or more related orga	as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV nizations treated as a corporation or trust during the tax year	Trust. Cor a corporation	nplete if the or on or trust durii	ganization answing the tax year	vered "Yes" or	Form 990, Pa	ת וּע.	
Name, address, and	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp. S corp. or trust)	(f) Share of total income	(g) (h) Share of Percentage Section end-of-year assets ownership controlled controlled	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
									Yes No
									_
							Schedule R (Form 990) 2018	R (Form 99	0) 2018

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

11-4. Commission land 4 from contract in Darte II II at IV of this substitution				Yes	ž
Note. Complete line 1 if any entity is listed in Parts II, III, of IV of this schedule		() :: : :			:↓
	ns with one or more related organization	ns listed in Parts II-1V	14		×
			:		÷ا×
b Giff, grant, or capital contribution to related organization(s)					: >
c Giff, grant, or capital contribution from related organization(s)			<u>및</u> : :		<b>:</b>  ;
d Loans or loan guarantees to or for related organization(s)			무 : :		×
e Loans or loan quarantees by related organization(s)			16		×
f Dividends from related organization(s)			= <u> </u> ::	1	;
g Sale of assets to related organization(s)			<u>1</u>	_	×
Purchase of assets from related organization(s)			1h		×
Exchange of assets with related organization(s)			<b>=</b>		×
i Lease of facilities equipment or other assets to related organization(s)			<u>-</u>		×
		· · · · · · · · · · · · · · · · · · ·	i : :		
k Tease of facilities equipment or other assets from related organization(s)			+		×
	anization(s)		=		×
				_	×
reflormance of services of membership of junicialsing	anization(s)		:		۱×
n snaring of facilities, equipment, mailing lists, of other assets with related organization(s)	(s)uor				: ;
o Sharing of paid employees with related organization(s)			<u>우</u> ::		×
p Reimbursement paid to related organization(s) for expenses.			<u> </u>		×
		•	19		×
r Other transfer of cash or property to related organization(s)			<u>+</u> : :		×
			18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete this line, including	covered relationships and transa	action threshol	sp	ŀ
			(7)		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	sterminin ivolved	6
(1)					
(2)					
10)					
(3)				i	
(4)					
(5)					
(9)					
ASC		Sch	Schedule R (Form 990) 2018	n 990) 2	2018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Part VI

(a) (b) (c) (d) (d) (e) (d) (e) (d) (e)	(a)	(a)	(p)	(a)	6)	(6)	ε	- 1	1	3		€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all parmers section 501(c)(3) organizations?	S Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	00x 20 2 K-1 65)	General or managing partner?		Percentage ownership
,			sections 512-514)	Yes No			Yes	No		Yes	No	
(1)				_								
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(2)												
										1	+	
(3)												
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Schedule R (Form 990) 2018

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions



# **NORTH CAROLINA**

# Department of the Secretary of State

# To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF AMENDMENT

**OF** 

### GREENSBORO COMMUNITY DEVELOPMENT FUND

### WHICH CHANGED ITS NAME TO

### PIEDMONT BUSINESS CAPITAL

the original of which was filed in this office on the 31st day of October, 2018.





Scan to verify online.

Document Id. C201830400023 Verify this certificate online at http://www.sosnc.gov/verification IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of October, 2018.

Elaine J. Marshall

Secretary of State

SOSID: 0320277
Date Filed: 10/31/2018 10:50:00 AM
Elaine F. Marshall
North Carolina Secretary of State

C2018 304 00023

### ARTICLES OF AMENDMENT

OF

### GREENSBORO COMMUNITY DEVELOPMENT FUND

Pursuant to § 55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits these Articles of Amendment for the purpose of amending its Restated Articles of Incorporation:

- 1. The name of the corporation is Greensboro Community Development Fund.
- 2. The Restated Articles of Incorporation of the corporation hereby are amended as follows:
  - (a) by deleting the text of Article I in its entirety and inserting in its place the following:

"The name of the corporation is Piedmont Business Capital."

(b) by deleting the text of subpart (a) of Article III in its entirety and inserting in its place the following:

"To promote community development and social welfare, eliminate racial and sexual prejudice, and reduce neighborhood tensions within the Piedmont region of North Carolina through assisting minority and women owned businesses, individual minority and women entrepreneurs, and individuals and businesses located in communities underserved by traditional financial institutions in obtaining business assistance and advice to enable them to develop effective businesses."

3. The foregoing amendments were approved and adopted by the Board of Directors of the corporation on the **22** day of **AMONICT**, 2018, in the manner prescribed by law. Member approval was not required because the corporation has no members.

This the **22** day of **A4 5** 2018.

GREENSBORO COMMUNITY

( )

Karl Robinson, Chair