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Preparer

Use Only

			•			MARCH 13,				ONE No. 1545 0047			
نة Forr	.9	90	Returi	n of Orga	nizatior	Exempt	From	Income Tax except private foundati	ions)	2016	-		
•								y be made public.		ZU IU	_		
		of the Treasury nue Service						.irs.gov/form990.	7 4	Open to Public Inspection			
A F	or the	e 2016 calend	ar year, or tax yea	r beginning	MAY 1,			APR 30, 201	7		_		
B c	heck if	C Name o	organization					D Employer identi	fication	number	_		
Γ	Addre	ss PIED	MONT DRIV	ING CLUB									
	Name	e Doing b	usiness as					58-0	03850	670			
	initial return		and street (or P.0	box if mail is not o	lelivered to stree	et address)	Room/su				_		
]Final return		PIEDMONT	AVENUE,	NE		<u> </u>	404		-2565	_		
	termir ated TAmen	City or t	own, state or provi		d ZIP or foreig	n postal code		G Gross receipts \$	2	4,514,269	<u>•</u>		
느	_return	ATLA		30309	Y (11 11 11 11 11 11 11 11 11 11 11 11 11	3370		H(a) Is this a group					
L	Jtion pendi	[™] FName a	nd address of prin	cipal officer WA	LTEK EV.	ANS	30,3,0	for subordinate		Yes X No			
		empt status.	PIEDMONT 501(c)(3) X	501(c) (7)◀ (insert no			79 H(b) Are all subordinates If "No," attach			,		
			DRIVINGCL) (IIISEIT IIC	4347(4)(1	ر ال ال	H(c) Group exempti	•	· ·			
			X Corporation		Association	Other >	L Ye	ar of formation: 1887			Ā		
	rt I	Summary									_		
9	1	Briefly describ	e the organization	's mission or mo	st significant a	activities PIEI	TNOMC	DRIVING CLUI	B IS	A	_		
auc		SOCIAL	CLUB ORGA	NIZED IN	1887 A	ND OPERAT	ring i	OR THE PLEAS	SURE	AND	_		
ern	2	Check this bo	x 🕨 📖 if the o	organization disc	ontinued its o	perations or disp	osed of m	ore than 25% of its net	assets.	ſ	_		
Gov	3		ting members of th	-	• •	•		3		 ,	<u>/</u>		
8	4		mber of independent voting members of the governing body (Part VI, line 1b) 4 al number of individuals employed in calendar year 2016 (Part V, line 2a) 5										
Activities & Governance	5 6		of individuals emp of volunteers (estir	•	, ,	art V, line 2a)		5	$\overline{}$	33:	តិ		
ctiv	-		d business revenu		•	e 12		7	+	430,598	<u>-</u>		
ď			business taxable i	-				71		305,813			
							Ì	Prior Year		Current Year	_		
e	8	Contributions	and grants (Part V	III, line 1h)				0		0			
Revenue	9	Program servi	ce revenue (Part V	III, line 2g)			-	15,926,711		6,676,059			
Rev	10		come (Part VIII, col		-		L	269,361		2,137,867			
	11		(Part VIII, column	• •		•		4,089,167		4,204,180 8,742,372			
	12		 add lines 8 throu milar amounts paid 					0		0,742,372			
	14		to or for members	•			}	0	:	0			
S	15	·-	r compensation, er	,		mn (A), lines 5-10)	11,262,062	. 1	2,010,795	•		
xpenses	16a		undraising fees (Pa		•	, ,,		0	•	0	<u>-</u>		
xbe	b	Total fundrais	ing expenses (Part	iX, column (D),	ine 25) 🕨		0.				_		
ш	17	Other expens	es (Part IX, column s Add lines 13-17	(A), lines 11a -1	HO. HEP.	IIVED	7	8,483,335		8,772,189			
	1					4, 4in/e 25	2 \	19,745,397		0,782,984			
S	19	Revenue less	expenses Subtrac			10. 10. 10. 10. 10. 10.	3	539,842		2,040,612	<u>•</u> >		
Net Assets or Fund Balances	20	Total assets (I	Bort V Ima 16\	į	MAR Z	7 2018		73,656,669		End of Year 3,543,159	_		
Asse	21	Total liabilities	(Bort V Inno 26)		1		 	21,389,996		2,576,794	_		
Net	22	Net assets or	fund balances Su	btract line 21 fro	m In QGD	EN, UT	_} }	52,266,673		0,966,365			
Pa	rt II	Signature	Block	,			<u>.</u>				_		
								ements, and to the best of	my know	ledge and belief, it is	_		
true,	corre	ct, and complete	. Declaration of prepa	rer (other than off	icer) is based or	all information of	which prepa	rer has any knowledge.					
_		Cianatur	falte	- P. Em				1 3/1s	5/20,	<u>B</u>			
Sigr		' ·	e of officer	CEO				Date	,				
Here	е		ER EVANS, print name and title	CFO		-					_		
		Print/Type pre			Prenarer's s	gnature han A	17	Date Check	 	PTIN	_		
Daid	ı				CADV U		-20-	03/15/18	P	00052048			

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Firm's name ▶ CARR, RIGGS & INGRAM, LLC

ATLANTA, GA 30341

Firm's address 4360 CHAMBLEE DUNWOODY RD.,

X Yes No Form 990 (2016)

72-1396621

Phone no. 770 - 457 - 6606

Firm's EIN

Form	1990 (2016) PIEDMONT DRIVING CLUB	58-0385670	Page 2
Pai	rt III Statement of Program Service Accomplishments		
—	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	PIEDMONT DRIVING CLUB IS A SOCIAL CLUB ORGANIZED IN 188'	7 AND OPERAT	ING
	FOR THE PLEASURE AND BENEFIT OF ITS MEMBERS. THE CLUB I	HAS TWO	
	LOCATIONS, A CITY CLUB AND A GOLF COURSE, BOTH LOCATED		
	HOCATIOND, A CITT CHOD AND A GOLF COORDE, BOTH LOCATED		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	LAL NO
	If "Yes," describe these new services on Schedule O.	[]	(TE)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported	·	
4a		ue S	
	PIEDMONT DRIVING CLUB OFFERS PRIVATE DINING AND BANQUET		FOR
	USE BY ITS MEMBERS. MEMBERS UTILIZE THE CLUB FOR QUIET		
	AS WELL AS LARGE FUNCTIONS SUCH AS PARTIES OR WEDDING RI		
	AS WELL AS LARGE FUNCTIONS SUCH AS FARTIES OR WEDDING IN	ECHI I TOND	
		•	
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
	THE CLUB FACILITIES INCLUDE A PROFESSIONALLY MAINTAINED		F
	COURSE, GOLF PRACTICE RANGE AND GOLF PRO SHOP FOR USE B		
	THEIR GUESTS. PRIVATE GOLF LESSONS ARE AVAILABLE TO MEM		
	GOLF PROFESSIONALS. THE CLUB PERIODICALLY HOSTS MEMBER/		
	TOURNAMENTS THAT PROVIDE ADDITIONAL OPPORTUNITIES FOR M		
	INTERACT AND SOCIALIZE WITH OTHER MEMBERS.	DIADBING TO	
	INTERACT AND SOCIALIZE WITH OTHER MEMBERS.		
			
4c)
	PIEDMONT DRIVING CLUB MAINTAINS A FIRST CLASS ATHLETIC		
	FACILITY FOR USE BY MEMBERS AND THEIR GUESTS. THE FACIL	ITY PROVIDES	
	STRUCTURED EXCERISE CLASSES, MODERN WEIGHT MACHINES, FR	EE WEIGHTS,	
		ND SWIMMING	
	LESSONS ARE AVAILABLE TO ALL MEMBERS. THE CLUB ALSO SPO		
		HE METRO ATL	
	AREA.	III IIIIIII	
	ANUA:		
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form 9	990 (2016)

PIEDMONT DRIVING CLUB

Form 990 (2016) Part IV Checklist of Required Schedules 58-0385670 Page 3

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	duning the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u>-</u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>	-	
Ū	Schedule D, Part III	8	Ì	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		_	
Ū	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	ļ	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			\vdash
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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?	14a		Х
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			}
	complete Schedule G, Part III	19	<u> </u>	X
		Form	990	(2016

Porm 990 (2016) PIEDMONT DRIVING CLUB
Part V Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	
24a	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	i		
	Schedule K If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit] .		ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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 disqualified persons? If "Yes,"			х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27	Sac C	21 15
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	***		Maria.
_	instructions for applicable filing thresholds, conditions, and exceptions).	28a	100 de 1	X
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c		200		
٠	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		X
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 cease 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	L	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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	}	1
	If "Yes," complete Schedule R, Part V, line 2	36	1	L
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990	(2016)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O Contains a response of note to any line in this rain v	~	Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	Ì	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 331			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			_
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	i		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.	ļ		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	—	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		х	
L	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	х	ŀ
7	Organizations that may receive deductible contributions under section 170(c).	-00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	$\neg \neg$		
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	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			<u> </u>
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		├
10	Section 501(c)(7) organizations. Enter:	-90		-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1,425,098.			ĺ
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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		
	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	,		l
_	organization is licensed to issue qualified health plans Enter the amount of reserves on head			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	in 199, that it has a right red to report those payments: in 190, provide an explanation in ochedate o		000	(2016

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	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 committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	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 records:			
	WALTER EVANS - 404-875-2565			
	1215 PIEDMONT AVENUE, NE, ATLANTA, GA 30309		-	

PartVIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than -	one	Reportable	Reportable	Estimated
	hours per week	box,	, unle cer an	less person is both an and a director/trustee)			n an tee)	compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	direc	ļ			E .		organization	(W-2/1099-MISC)	from the
	related	tee or	nstee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	큡	i	loyee	gmo3				and related
	below line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. CHARLES I. WILMER	5.00	Ĕ	<u> </u>	8	- X	로 등	요			
DIRECTOR		x				1	1	0.	0.	0
(2) FRANK D. INMAN	5.00			\vdash	\vdash					
SECRETARY		Х		Х		<u> </u>		0.	0.	0
(3) JACK N. SIBLEY	5.00									
VICE PRESIDENT		X	L_				<u>L</u>	0.	0.	0
(4) KIMBROUGH MOBLEY GIBSON	5.00				i					
DIRECTOR		X	_	<u> </u>	ļ	<u> </u>		0.	0.	0
(5) KIRK M. MCALPIN, JR	5.00			7.	l			0.	0.	0
PRESIDENT (6) ROBERT U. WRIGHT	5.00	Х	-	X	-	}—	<u> </u>	0.		
DIRECTOR	3.00	x	ł	l	l	l	İ	0.	0.	0
(7) STEPHEN S. LANIER	5.00	₽	├	-	-	╁╌	-			
TREASURER	3.00	X	ĺ	X	l	1	l	ĺ 0.	0.	0
(8) GARY LANNEAU, JR	50.00		┝		┢╌	一	-			
GEN MANAGER		1	ĺ	x				383,646.	0.	49,068
(9) WALTER EVANS	50.00					T				
CFO		1		Х	l			152,759.	0.	16,480
(10) AHMED HAMZA	50.00					Π				
SQUASH PRO		Ì				X	<u> </u>	166,150.	0.	15,387
(11) JAY YARBROUGH	50.00		-	Г]		
EXEC. CHEF			L			X		181,135.	0.	32,117
(12) LISA TEER	50.00	l	ł	1	l	 	ł			
TENNIS PRO		L.	<u> </u>	_	<u> </u>	X	<u> </u>	189,629.	0.	34,929
(13) MICHAEL BELL	50.00	1	1	1	ł	,,	l	165 601	_	07 671
OPER MGMT				┞	 _	X	ļ	167,601.	0.	27,671
(14) ROBERT GRAHAM	50.00	1	1		Ì	X		214,238.	0.	12,423
GOLF PRO		-	├	 	\vdash	╇	-	414,430.	 	14,443
	<u> </u>	1				1				
	- 	-	 	1	-	\vdash	-	 		
		1	1			1				
						\top	Г			
		1			<u> </u>			1		

Form **990** (2016)

Part VII Section A. Officers, Directors, Trus	toos Kov E-	nla	1000		4 LI:	ahe	et C	Compensated Employe	es (continued)				
Section 18 Officers of Tradeous (18) Chippers of the 18										\neg	(F)		
(A) Name and title	Average	Position						Reportable	(⊏) Reportable	-	Estimated		
name and the	hours per					than is bot		· .	compensation	- }		ount o	
	week					r/trus		from	from related			other	
	(list any	director		1	Ì			the	organizations	- [ensa	
	hours for	ě	.			ated		organization	(W-2/1099-MISC	<i>i</i>) [om the	
	related organizations	ustea	truste		يو ا	Suado		(W-2/1099-MISC)		Į	•	ınizatı İ relate	
	below	를	Bonal	1	ള	yee yee	_			ĺ		nizatio	
	line)	Individual trustee or	Institutional	Officer	Key employee	Highest compensated employee	Former			-	- 5		
		<u> </u>	 -	<u> </u>	_		-			\neg			
		1							ļ				
						П				\neg			
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	 	ł	1		ŀ			}		ŀ			
1b Sub-total	L	L	<u> </u>		L		<u> </u>	1,455,158.		0.	1 2 2	3,0	75
c Total from continuation sheets to Part V	I Costion A							0.		ŏ. 	100	,,,	0.
d Total (add lines 1b and 1c)	ii, Section A							1,455,158.		ŏ. †	188	3,0	
Total number of individuals (including but n	ot limited to th	1000	hete	ad al	hove	a) w/	10 r		L			,,,	
compensation from the organization	or mined to the	1030	1131	su ai	DOV	o, w		eceived more than \$10	o,ooo oi reportable				15
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ev er	nplo	yee.	or	highest compensated e	employee on	Γ			
line 1a? If "Yes," complete Schedule J for s			•	•	•					- 1	3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	d ot	ther compensation from	the organization		$\neg \top$		
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J 1	for such individual	-		4	X	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion i	from	any	unr/	elat	ted organization or indiv	idual for services	[
rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	pers	son					5		X
Section B. Independent Contractors								 – ——————					
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more thar	\$100,000 of comp	ensa	ation fi	rom	
the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	ıthir	n the organization's tax	year				
(A) Name and business	addrass						-	(B) Description of:	conucos	C.	O)	-	_
T&T / TOVEY & TUMLIN	address						\dashv	Description of	Services		omper	isatio	-
P.O. BOX 550, VILLA RICA	CA 301	1 2 1	n				J	SECURITY SVO	.]		3/1	7,0	21
CSI, CADDIE SERVICES, INC	, GA 30.						┵	BECORITI 5VC	·		J =	,,,	<u> </u>
P.O. BOX 1516, PONTE VER		Τ.	ाम	r. 1	320	004	1	CADDIE SVC			301	5,8	03.
100 2011 10107 101112 1211	221101						-	0.2512 510				- , 	
							-		İ				
					_		\neg						
							- [1				
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received r	nore than				
\$100,000 of compensation from the organi	zation					2_							
											- (200	2010

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue s, Gifts, Grants milar Amounts 1 a Federated campaigns 1a 1b b Membership dues 10 c Fundraising events 1d d Related organizations Contributions, and Other Simi Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a MEMBERSHIP DUES 10,728,943 10,728,943 Program Service Revenue 713910 2,555,423 2,555,423 INITIATION FEES 713910 CAPITAL ASSESSMENTS 713910 1,249,023 1,249,023 685,986 SERVICE CHARGES 713910 685,986. 666,543. 666,543 EQUIPMENT RENTAL INCOME 713910 790,141, 790,141. 713910 All other program service revenue 16,676,059. Total. Add lines 2a-2f Investment income (including dividends, interest, and 232,035 232,035. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities Gross amount from sales of (II) Other 910,592 assets other than inventory b Less: cost or other basis 712,029 2,568,465 and sales expenses 198,563. <2,568,465 c Gain or (loss) <2,369,902 <2,568,465. 198,563 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 6,584,903 and allowances 2,491,403 b Less cost of goods sold 4,093,500 4,093,500 Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a DELINQUENT ACCOUNT PENALTIES 104,975. 104,975 900099 SALES TAX COMMISSIONS 900099 5,438. 5,438 MISCELLANEOUS INCOME 900099 267. 267. All other revenue 110,680. Total. Add lines 11a-11d 18,742,372. 18,311,774. 430,598. Total revenue. See instructions 12

Form 990 (2016)

Form 990 (2016) PIEDMONT DRIVING CLUB
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				,
2	Grants and other assistance to domestic	·			1
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign		l		
	organizations, foreign governments, and foreign			ł	1
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	440.000			
	trustees, and key employees	610,292.		 	
6	Compensation not included above, to disqualified			, ,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.450.040		 	
7	Other salaries and wages	9,158,240.		 	
8	Pension plan accruals and contributions (include	202 550)	
	section 401(k) and 403(b) employer contributions)	393,550.			
9	Other employee benefits	1,131,422.		 	
10	Payroll taxes	717,291.			
11	Fees for services (non-employees)			ľ	
	Management			<u> </u>	
b	•			 	
	Accounting	_ 		 	
	Lobbying	···		 	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	916,246.	11:		
12	Advertising and promotion	J10, 240.		 	
13	Office expenses	586,940.	<u> </u>	 	
14	Information technology	157,903.	 	<u> </u>	
15	Royalties	23,75000		 	
16	Occupancy	2,379,506.			
17	Travel	66.	 	 	
18	Payments of travel or entertainment expenses			 	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,594.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,475,756.			
23	Insurance	49,017.			
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 0.)				
9	REPAIRS AND MAINTENANCE	661,903.		t	
h	MISCELLANEOUS	314,760.			
6	CLUB FUNCTIONS	248,343.		† — — — — — — — — — — — — — — — — — — —	
ď	ANNOUNCEMENTS	189,780.			
e	All other expenses	788,375.		 	
25	Total functional expenses. Add lines 1 through 24e	20,782,984.			
26	Joint costs. Complete this line only if the organization	<u> </u>		 	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			\	
	Check here if following SOP 98-2 (ASC 958-720)			1	
62201	0. 11-11-16			*	Form 990 (2016)

X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
				End of year
1	Cash - non-interest-bearing			3,512,200
2	Savings and temporary cash investments	1,424,344.		22,682
3	Pledges and grants receivable, net	1 (() 057	_	2 026 006
4	Accounts receivable, net	1,663,857.	4	2,026,996
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		-	_
	Part II of Schedule L		5	
6				

	employees' beneficiary organizations (see instr). Complete Part II of Sch L			
7	Notes and loans receivable, net	700 140		670 02
8				678,83 187,41
9	· · · ·	255,531.	9	107,41
10a	00 046 604			
	20 456 072			61 500 72
				61,589,73 5,525,30
		5,915,695.		5,525,30
			$\overline{}$	
	, -			
	•	1 025		
		72 656 660		73,543,15
	- · · · · · · · · · · · · · · · · · · ·			2,028,23
	· ·	1,293,051.		2,020,23
	• •	2 024 022		2,173,62
		2,024,022.		2,113,02
	·			
	• • •		21	
22	• •			
^^	·			
	- · ·	17 2/8 889		18,095,55
	· ·	17,240,005.	24	10,000,00
25				
	• • •	824 034.	25	279,37
26			_	22,576,79
20		21,303,3301	20	22,3,0,75
	• " "			
27	•	52.266.673.	27	50,966,36
		32,200,0101		
	• •			
	·			
	and complete lines 30 through 34.			
	and complete lines of thi buyin or.		30	
ลบ	•			
30 31	Capital stock or trust principal, or current funds		1	
31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
	Capital stock or trust principal, or current funds	52,266,673.	1	50,966,36
	1 2 3 4 5 6 7 8 9 10a	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(11)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - other securities See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Carnts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 24 Complete Part II of Schedule L 25 Secured mortgages and notes payable to unrelated third parties 26 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Temporarily restricted net assets	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 3,342,757.	Check if Schedule O contains a response or note to any line in this Part X Reginning of year

Form	990 (2016) PIEDMONT DRIVING CLUB	58	-0385	670	Pag	_{le} 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,742				
2	Total expenses (must equal Part IX, column (A), line 25)	2		782				
3	3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5_		195	5,6	47.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		544	1,6	<u>57.</u>		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	50	<u>,966</u>	<u>5,3</u>	<u>65.</u>		
Pa	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>		
					Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				ſ	ı		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			ĺ	1		
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te bası	5,	1 1]			
	consolidated basis, or both			l l		ì		
	Separate basis Consolidated basis Both consolidated and separate basis					'		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audi	t,	l				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	ıdıt					
	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 undergo the required	ııred au	ıdıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				— — — — — —	വവ			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization PIEDMONT DRIVING CLUB Employer identification number 58-0385670

Pa			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b) Funds and other accounts
_	Total number at and of uses	(a) borior advised failes	(b) 7 dried and other decourse
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	white the second hold in done advis	ad filmda
5	Did the organization inform all donors and donor advisors in	•	Yes No
e	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	Yes No
Pai	impermissible private benefit? I Conservation Easements. Complete if the ord	ganization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organizat		artiv, mio 7.
•	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	_	ified historic structure
	Preservation of open space	Preservation of a cent	illed historic structure
2	Complete lines 2a through 2d if the organization held a quali	find conservation contribution in the form	of a concentation appearant on the last
_	day of the tax year.	ined conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histonic sti	niotura includad in (a)	2c
	Number of conservation easements included in (c) acquired	· •	
•	listed in the National Register	arter of 17700, and not on a mistoric struct	2d
3	Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the	
Ū	year	seased, extinguished, or terminated by the	s organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
·	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•		, mandaling or violatione, and ormaloung out	solvation casomerice adming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
-	▶ \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	•
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1	3	▶ \$
	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

13

632051 08-29-16

Sche	dule D (Form 990) 2016 PIEDMON	T DRIVING	CLUB				58	3-03	<u>85670</u>	Page	<u>2</u>
Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Other	Similar	Asse	ts (continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sig	nificant use	e of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	c			hange progra	ams					
b	Scholarly research	•	. []	Other							_
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further tl	ne organizati	on's exem	pt purpose	ın Part	XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar a	ssets	_	٦	_	
г—	to be sold to raise funds rather than to be ma								Yes	<u></u> ı	<u> 10</u>
Pai	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered '	"Yes" on F	om 990, P	'art IV,	line 9, or		
	reported an amount on Form 990, Pa										_
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not ir	ncluded	_	7		
	on Form 990, Part X?							<u> </u>	Yes	ו لـــا	ło
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table [.]							_
							 		Amount		_
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance								 		.
	Did the organization include an amount on Fo	•					y?	<u> </u>	Yes	=	10
Pai	If "Yes," explain the arrangement in Part XIII										—
Fai	t V Endowment Funds. Complete		T-					ro book	4-1 Four	eara ba	<u> </u>
4-	Dammun of was haloned	(a) Current year	(b) F	nor year	(c) Two year	IS DACK (C) Three year	SDACK	(e) Four y	ears Da	<u> </u>
	Beginning of year balance		-								—
b	Contributions										_
C	Net investment earnings, gains, and losses										
d	Grants or scholarships		-				-				—
е	Other expenditures for facilities										
	and programs										—
1	Administrative expenses		 								—
9 2	End of year balance Provide the estimated percentage of the cur	cont year and halan		a column (c)) hold so						
a	Board designated or quasi-endowment	ent year end balant	%	g, coluitii (a	i)) Held as						
b	Permanent endowment	%									
	Temporarily restricted endowment	^									
·	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	ered for the	e organizati	IOD			
-	by	obioty of the organiz	anon in	at are riole a		3700 107 111	o organizati		Γ,	es N	lo.
	(i) unrelated organizations								3a(i)		<u>. </u>
	(ii) related organizations								3a(ii)		—
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										_
Par	t VI Land, Buildings, and Equipm										_
	Complete if the organization answere	d "Yes" on Form 99	0. Part I	V, line 11a S	See Form 990), Part X, I	ne 10.				
	Description of property	(a) Cost or o			or other		umulated	\neg	(d) Book	value	_
		basis (investi			(other)		eciation		,_,		
1a	Land			24,95	2,483.	<u></u> -		2	4,952	,48	3.
b	Buildings			41,79	1,482.	11,3	14,735		0,476		
С	Leasehold improvements			· · ·				7			
d	Equipment			16,63	4,732.	13,8	76,597	7.	2,758	,13	5.
	Other_				7,907.		65,540		3,402		
Total	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colu	nn (B) line 1	(Oc.)			6		.73	

Schedule D (Form 990) 2016

16

Schedule D (Form 990) 2016	PIEDMONT DRIVING CLUB	58-0385670 Page 5
Schedule D (Form 990) 2016 RarcixIIII Supplemental Inform	mation (continued)	
PART XII, LINE 4B -		
CEDUTCE CUADORO		685,986.
SERVICE CHARGES		685,980.
<u> </u>		
		
		

Schedule D (Form 990) 2016

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

	PIEDMONT DRIVING CLUB	58-0385	67	0	
Pa	rt I Questions Regarding Compensation	<u></u>			
_				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		- [
	First-class or charter travel	nal use			
	Travel for companions Payments for business use of personal re-	sidence	Ì		ľ
	Tax indemnification and gross-up payments Health or social club dues or initiation feet	3			
	Discretionary spending account Personal services (such as, maid, chauffer	ur, chef)	ł		}
			Ì		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		_	<u></u> -
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<u> </u>	2		Х
			Ì		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization				
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization	on to			1
	establish compensation of the CEO/Executive Director, but explain in Part III				
	Compensation committee Written employment contract	j]
	Independent compensation consultant X Compensation survey or study				Ì
	Form 990 of other organizations X Approval by the board or compensation of	ommittee			
	Disease the year did any necessitated as Farm 000 Dat VIII Datum A live to with respect to the files.				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			,	
_	organization or a related organization.	-	4a	- 1	x
a	Receive a severance payment or change-of-control payment?	<u> </u>	4b		X
0	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	<u> </u>	4C		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		+0		-
	The storage of lines 44.0, list the persons and provide the applicable amounts for each item in Fait in	-			ĺ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the revenues of				
а	The organization?	1	5a		
þ	Any related organization?	Ţ	5b		
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the net earnings of				
а	The organization?	L	6a_		
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III.	1			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s			
	not described on lines 5 and 6? If "Yes," describe in Part III	L	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_			
	Regulations section 53 4958.6(c)?	ì	a	í	í

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

58-0385670

Schedule J (Form 990) 2016 PIEDMONT DRIVING CLUB 58-0385670 Family Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

0. 17,068. 432,714. or or or or or or or or or or or or or			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(ii) 319,297. 38,000. 26,349. 32,000. 17,068. 432,714. (iii) 143,158. 6,000. 3,601. 6,177. 10,33. 169,239. (iii) 69,278. 5,150. 91,722. 7,379. 8,008. 181,537. (iii) 168,806. 12,000. 329. 9,605. 22,512. 213,252. (iii) 145,875. 6,000. 37,754. 9,999. 24,930. 224,558. (iii) 137,203. 9,000. 21,398. 7,705. 19,966. 195,272. (iii)	and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as deferred on pnor Form 990
143,158. 6,000. 3,601. 6,177. 10,303. 169,239. 69,278. 6,000. 3,601. 6,177. 10,303. 169,239. 69,278. 5,150. 91,722. 7,379. 8,008. 181,537. 168,806. 12,000. 329. 9,605. 22,512. 213,552. 0. 0. 0. 0. 0. 145,875. 6,000. 37,754. 9,999. 24,930. 224,558. 0. 0. 0. 0. 0. 0. 160,701. 12,000. 41,537. 10,343. 2,080. 226,661. 160,701. 12,000. 41,537. 10,343. 2,080. 226,661. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		Ξ	319,297	38,000.	26,349.		17,068.	١.	0
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168,806. $12,000$. 329 . $9,605$. $22,512$. $213,252$. 0 . 0 . 0 . 0 . 0 . 0 . 0 . $145,875$. $6,000$. $37,754$. $9,999$. $24,930$. $224,558$. 0 . 0 . 0 . 0 . 0 . 0 . 0 . $137,203$. $9,000$. $21,398$. $7,705$. $19,966$. $195,272$. $160,701$. $12,000$. $41,537$. $10,343$. $2,080$. $226,661$. 0 .		€	0	0	0		0		0.
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SCHEDULE O

internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047

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

Name of the organization

Employer identification number 58-0385670

PIEDMONT DRIVING CLUB FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CLUB HAS TWO LOCATIONS, A CITY CLUB AND A BENEFIT OF ITS MEMBERS. GOLF COURSE, BOTH LOCATED IN ATLANTA. FORM 990, PART VI, SECTION A, LINE 6: THE CLUB IS A MEMBERSHIP ORGANIZATION. MEMBERS MUST BE INVITED TO JOIN BY EXISTING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE GOVERNING BOARD ARE ELECTED BY MEMBERS OF THE CLUB ON AN ANNUAL BASIS. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS OF THE CLUB ELECT MEMBERS OF THE GOVERNING BOARD AND APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD SUCH AS MAJOR CAPITAL IMPROVEMENTS. FORM 990, PART VI, SECTION B, LINE 11B: BEFORE THE FORM 990 IS FILED, A PRELIMINARY COPY IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW. ALL ISSUES THAT ARISE FROM THIS REVIEW ARE ADDRESSED, AND ANY NECESSARY CHANGES ARE MADE. A FINAL COPY OF THE FORM 990 IS THEN RE-CIRCULATED TO THE BOARD OF DIRECTORS WITH ANY ADDITIONAL INFORMATION DEEMED NECESSARY DUE TO THE CHANGES. UPON APPROVAL OF THE BOARD OF DIRECTORS, THE FORM 990 IS FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 15:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization PIEDMONT DRIVING CLUB	Employer identification number 58-0385670
THE MEMBERS OF THE GOVERNING BOARD ARE NOT COMPENSATED. T	HE SALARY OF THE
TOP MANAGEMENT OFFICIAL IS DETERMINED BASED ON A COMPETIT	VE SALARY
ANALYSIS.	
COMPENSATION OF KEY EMPLOYEES IS REVIEWED AND APPROVED BY	THE GOVERNING
BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
COPY AVAILABLE UPON REQUEST, IN PERSON, OR BY MAIL.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON INTEREST RATE SWAP AGREEMENTS	544,657.
-	