Form

## **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.



Dep Inte	artment o rnal Revei	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and t	he latest in	formation.	Inspection
Α	For the	e 2023 calend	lar year, or tax year beginning and	ending		
	Check if applicable		forganization		D Employer identifica	tion number
	Addre: chang	es THE	PIEDMONT FOUNDATION			
	Name		usiness as		54-195436	8
	Initial return			Room/suite	E Telephone number	•
	Final return/	15 1	ORNER STREET	nooni, ouno	540-347-22	334
	termin	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	788,601.
	Ameno return		ENTON, VA 20186		H(a) Is this a group retu	
	Applic		nd address of principal officer: MARK J. OHRSTROM		for subordinates?	
	pendir		RNER STREET, WARRENTON, VA 20188		H(b) Are all subordinates inclu	
ī	Tax-exe		X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527		
	Websit		PIEDMONTFOUNDATION.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year	of formation: 1999 M	
	art I	Summary		1		
	1	Briefly descri	be the organization's mission or most significant activities: SUPPO	ORTING	ORGANIZATION	I FOR THE
Governance	3	PIEDMON	T ENVIRONMENTAL COUNCIL (PEC), A 5	01(C)3	B PUBLIC CHAR	ITY.
nar	2	Check this bo	if the organization discontinued its operations or dispos	ed of more	than 25% of its net asset	S.
Ver	3	Number of vo	ting members of the governing body (Part VI, line 1a)	<b>A</b>	3	7
			dependent voting members of the governing body (Part VI, line 1b)		4	7
a v	5 _		of individuals employed in calendar year 2023 (Part V, line 2a)		5	0
Activities	6		of volunteers (estimate if necessary)		6	24
į	7a				7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
					Prior Year	Current Year
٩	, 8	Contributions	and grants (Part VIII, line 1h)		92,311.	299,004.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		0.	0.
ave	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		478,962.	489,597.
α	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		571,273.	788,601.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		1,809,404.	934,368.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ų	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
- USE	2 16a	Professional	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)6,59		0.	0.
Exnenses	j b	Total fundrais	ing expenses (Part IX, column (D), line 25) 6,59	95.		
Ú	<sup>j</sup> 17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		224,910.	199,022.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,034,314.	1,133,390.
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,463,041.	-344,789.
Net Assets or	ces			Be	ginning of Current Year	End of Year
sets	uege 20	Total assets (	Part X, line 16)		20,713,607.	24,050,926.
tAs	ਸ਼ੂ 21		s (Part X, line 26)		151,933.	0.
Ne	22	Net assets or	fund balances. Subtract line 21 from line 20		20,561,674.	24,050,926.
P	art II	Signatur	e Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date		
Here	MARK J. OHRSTROM, PRESIDE	NT					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	JENNIFER R. FILES, CPA	JENNIFER R.	FILES,	C 04/26	/24 self-employed	P0127575	2
Preparer	Firm's name YOUNT, HYDE & BAR	BOUR, P.C.			Firm's EIN 54-	-1149263	
Use Only	Firm's address P.O. BOX 2560						
	WINCHESTER, VA 22	604-1760			Phone no. 540 -	-662-3417	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions.	332001 12-21-23			Form <b>990</b>	(2023)

Form	990 (2023) THE PIEDMONT FOUNDATION 54-1954368 Page 2
Par	t 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:
	SUPPORTING ORGANIZATION FOR THE PIEDMONT ENVIRONMENTAL COUNCIL (PEC),
	A 501(C)3 PUBLIC CHARITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	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?
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 934,368 · _ including grants of \$ 934,368 · _ ) (Revenue \$)
	SUPPORT FOR THE PIEDMONT ENVIRONMENTAL COUNCIL, A 501(C)3 PUBLIC
	CHARITY THAT SUPPORTS ORDERLY ECONOMIC PROGRESS IN THE VIRGINIA
	PIEDMONT SENSITIVE TO THE CONSERVATION OF LAND, WATER, AIR, AND OTHER
	NATURAL RESOURCES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 934, 368.
	Form <b>990</b> (2023)
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			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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 "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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		_X_
9	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 debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		х
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
b		11b		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11c		х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		<u> </u>
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. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic organization or the second do	21	х	
222000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>			(2023)
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			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	Х	
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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
b	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? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
Ь	"Yes," complete Schedule L, Part IV	20a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u></u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
00	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
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	
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		x
		~		3a 3b		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		Х
b	If "Yes," enter the name of the foreign country			та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounts (FBA	AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
с	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					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	$\mathbf{C}_{\mathbf{A}}$				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided	I to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required				
	to file Form 8282?			7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		rm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a h	Did the anomaliantian make a distribution to Grant dama advisor or related a response			9a 9b		
b 10	Section 501(c)(7) organizations. Enter:			de		
10 а		10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter.					
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	··		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
	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	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					37
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			47		
	If "Yes," complete Form 6069.			17		
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 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to a	ny line in this Part VI	

Х	

Sec	tion A. Governing Body and Management					
			-	7	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	+ '	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
<b>b</b>	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	46	-	,		
-	Enter the number of voting members included on line 1a, above, who are independent		any other	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			2	x	
2	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the					x
			a filad0	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form s					X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6 70	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		x
<b>L</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u>7a</u>		
D		lockie	iders, or	71.		x
•	persons other than the governing body?		o following	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the vertice actions and a		-	0-	х	
-	The governing body?	X		8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	_ A	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule 0			9		А
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Vee	Na
10-	Did the exception have least charters, branches, or efficience			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		offiliataa	10a		
b		apters	s, anniates,	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boc	h hofo	ra filing tha form?	11a	X	<u> </u>
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iy belo		11a	- 23	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
C		,		12c	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
13 14				14	X	
14 15	Did the organization have a written document retention and destruction policy?			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	arbyin	dependent			
•	The organization's CEO, Executive Director, or top management official			15a		x
				15a		X
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
100				16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			TOa		
D D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedVA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd QQ(	I-T (section 501(c)(3)	s only)	availal	
10	for public inspection. Indicate how you made these available. Check all that apply.			o orny)	avana	510
		n or 0	abadula O			
19	Own website       X       Another's website       X       Upon request       Other (explain the comparison of the co		,	d finan	rial	
13		Simol	or interest policy, an	u intarti	lai	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	oke or	d rocorde			
20	THE PIEDMONT ENVIRONMENTAL COUNCIL - 540-347-2334	uns all				
	45 HORNER STREET, WARRENTAL COONCIL - 540-547-2554					
220000	· · ·			Form	990	(2023)
33200b	12-21-23 6			FUIT	,000	(2023)
	0					

Part VII	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

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 the instructions for definition of "key employee."

• List all of the organization's current key employees, if any. See the instructions for deminition 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	Nours per box, unless person is bo			s botl	n an	compensation	compensation	amount of	
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			bense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal 1		ploye	e com		1099-NEC)		and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARK J. OHRSTROM	line)	Ē	Ë	Of	ъ З	1 <u>5</u> 2	<u> </u>			
PRESIDENT	4.00	x		x				Ο.	0.	0
(2) JOHN H. BIRDSALL, III	2.00	Λ		<u> </u>				0.	0.	0.
DIRECTOR	2.00	x					$\cup$	0.	0.	0.
(3) CHARLES T. AKRE	4.00	Λ		÷.	G			0.	0.	0.
SECRETARY/TREASURER	4.00	v		v				0.	0.	0.
(4) DIANA PRINCE	2.00	X	<u> </u>	Х				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(5) TREVOR POTTER	4.00	~				-		0.	0.	0.
VICE PRESIDENT	4.00	x		x				0.	0.	0.
(6) DAVID ALDRICH	2.00			^				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(7) CHRIS MCLEAN	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
DIRECTOR		Λ				-		0.	0.	0.
						-				
•										
332007 12-21-23	1							1	1	Form <b>990</b> (2023)

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	990 (2023) THE PIEDM	IONT FOU	JND	)AT	IO	Ν				54-19	954	368	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(10		Pos				Reportable	Reportable		Es	stimate	ed
		hours per	box	not ch , unles	s per	son i	s both	an	compensation	compensatio	n	an	nount	of
		week	offic	cer and	d a di	irecto	or/trust	tee)	from	from related			other	
		(list any	ector						the	organizations	3	com	pensa	tion
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS	C/	fr	om the	е
		related	stee c	In stitutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		Ŭ Ŭ	anizati	
		organizations	al tru:	onal t		loyee	comp		1099-NEC)				d relat	
		below line)	lividu	tituti	Officer	Key employee	ploye	Former				orga	anizatio	ons
		line)	Ind	lns	Off	Key	Hig e m	For						
			_											
										2.				
									S X					
	·													
								$\bigcirc$						
	• • • • •			Ц	•	6			0.		0.			0.
1b	Subtotal								0.					
	Total from continuation sheets to Part VII										0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				•
	compensation from the organization												V I	0
													Yes	No
3	Did the organization list any former officer,			-		-		-		•				
	line 1a? If "Yes," complete Schedule J for su											3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	ccrue compen	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
	rendered to the organization? If "Yes." comp	olete Schedule	e J fo	or su	ch r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensa	tion fro	om	
	the organization. Report compensation for the	he calendar ye	ear e	ndin	g w	ith c	or wit	thin	the organization's tax y	ear.				
	(A)								(B)			(0	C)	
	Name and business a	address	NC	ONE	3				Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	-	ot lin	nited	l to f	thos C		ted	above) who received mo	ore than				
													000 //	

Form **990** (2023)

332008 12-21-23

			2023) THE PIEDMON	T FOUNDATIO	ON		54-1954	368 Page
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ັບ ຍັຍ			Fundraising events					
ifts, rA			Related organizations 1d					
, G			Government grants (contributions) <b>1e</b>					
Sir			All other contributions, gifts, grants, and					
her		•	similar amounts not included above <b>1f</b>	299,004.				
ot		g	Noncash contributions included in lines 1a-1f					
Cor		-	Total. Add lines 1a-1f		299,004.			
0.0				Business Code				
Ð	2	а						
Program Service Revenue	_	b						
Ser		с						
am		d				0		
ogr		е						
Pre		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, in	terest, and				
			other similar amounts)		489,597.	2		489,597
	4		Income from investment of tax-exempt bor	nd proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securitie	es (ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
ver			Gain or (loss) 7c					
Re			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
				8a				
			• • • • • • • • • • • • • • • • • • • •	8b				
			Net income or (loss) from fundraising event	s				
	9	а	Gross income from gaming activities. See	90				
		L	,	9a 9b				
	10		Net income or (loss) from gaming activities					
		d	Gross sales of inventory, less returns and allowances	10a				
		h		10b				
			Net income or (loss) from sales of inventor					
		U		Business Code				
sn	11	2						
neo		a b		-				
scellaneo Revenue		c		-				
Miscellaneous Revenue		-	All other revenue	-				
Σ			Total. Add lines 11a-11d		<u> </u>			
	12		Total revenue. See instructions		788,601.	0.	0.	489,597
		-21-						Form <b>990</b> (202

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Part IX	Stater	nent of Functi	onal	Expenses	5
Form 990	(2023)	THE	ΡI	EDMONT	

THE PIEDMONT FOUNDATION

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 927,018. 927,018. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 7,350. 7,350. 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 106,221. 112,522 6,301 Management а 3,077 2,905. b Legal 2.1752,053. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 80,960. ,960 80 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expens 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 288. 288. OTHER а b С d All other expenses е 1,133,390. 934,368. 192,427. 6,595. Total functional expenses. Add lines 1 through 24e 25 26 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 following SOP 98-2 (ASC 958-720)

332010 12-21-23

2023.03040 THE PIEDMONT FOUNDATION 17072001

Form 990 (2023)

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Form 990 (		
Part X	Balance	Sheet

### THE PIEDMONT FOUNDATION

		Check if Schedule O contains a response or note to any line in this Part .	<		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	59,790.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 359	6		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net	28,874.	7	483,373
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	19,907,539.	11	22,656,369.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	692,967.	15	851,394
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	24,050,926
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 359	6		
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part >			
		of Schedule D	151,933.	25	0.
	26	Total liabilities. Add lines 17 through 25	151,933.	26	0.
		Organizations that follow FASB ASC 958, check here			
Sec		and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions		27	6,331,731.
Ba	28	Net assets with donor restrictions	15,802,926.	28	17,719,195.
nd		Organizations that do not follow FASB ASC 958, check here			
Ę.		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	20,561,674.	32	24,050,926.
	33	Total liabilities and net assets/fund balances		33	24,050,926.

Form 990 (2023)

332011 12-21-23

Form	1990 (2023) THE PIEDMONT FOUNDATION	54-1	L954368	Pa	<sub>ige</sub> 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			01.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,13					
3	Revenue less expenses. Subtract line 2 from line 1	3	-34	<u>4,7</u>	89.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,56					
5	Net unrealized gains (losses) on investments	5	3,67	5,6	14.			
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 on Schedule O)	9	15	8,4	27.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	24,05	0,9	26.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
_	Separate basis Consolidated basis Both consolidated and separate basis			37				
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 audited on a separate	e basis,						
	consolidated basis, or both: Separate basis X 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 oversight of the		00	х				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		-			
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	equie O.						
Ja			3a		x			
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		Ja		<u> </u>			
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	cu audit	3b					
				990	(2023)			
			1 OIIII		(2020)			

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

### **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
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	Name of the organization Employer identification number								
			PIEDMONT FO						4-1954368
Par	tl	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	)(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
,	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
ſ		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40		university:		ula a 20 1/00/ a f ita a suga	6				1
10		An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) iro	om busines	ses acqui	rea by the org	janization a	iller June 30, 1975.
11		See <b>section 509(a)(2).</b> (Con An organization organized a		vely to test for public sat		saction 5(	)Q(a)(4)		
12	x	An organization organized a						rny out the	nurnoses of one or
		more publicly supported or							
		lines 12a through 12d that							
а	X	-							aivina
		the supported organization							
		organization. You must c							
b		<b>Type II.</b> A supporting org	· · · · · · · · · · · · · · · · · · ·		tion with it	s supporte	d organizatio	n(s), by hav	ing
		control or management o							
		organization(s). You mus			-				
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and	I an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
		er the number of supported o	•						1
g		vide the following information i) Name of supported			(iv) is the ora:	anization listed	(v) Amount o	fmonoton	(vi) Amount of other
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	support (see ir	,	support (see instructions)
<b>D</b> TT				above (see instructions))	Yes	No			
		ONT		7			700		
CIN V	TL	ONMENTAL COUNC	54-0955509	Ι	X		192	2,466.	
Total							792	2,466.	0.

Schedule A		000	0000
Schedule A	FOILI	990	2023

# (Form 990) 2023 THE PIEDMONT FOUNDATION 54-1954368 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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.						
	ction B. Total Support				0		1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) _0.0	(2) _ 0 _ 0		(4) = = = =		(1) 10 10.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,		+ C				
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on	+					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					40	I
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for th	-		· · ·			
800	organization, check this box and stop ction C. Computation of Publi						
				(0)			
	Public support percentage for 2023 (li					14	%
	Public support percentage from 2022					15	. %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	
	and <b>stop here.</b> The organization quali		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	VI how the organiz	zation
	meets the facts-and-circumstances tes	-	-		•		
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu				•••••		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17b</u>	o, check this box a		
						Schedule A	(Form 990) 2023

Schedule A	Form	990	) 2023
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### THE PIEDMONT FOUNDATION

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				0		
5	furnished by a governmental unit to the organization without charge						
6							
	<b>Total.</b> Add lines 1 through 5						
10	3 received from disqualified persons				0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			20			
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			2			
Sec	ction B. Total Support	_I				1	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	· ·	C C				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third, <sup>r</sup>	fourth, or fifth tax	year as a section 5	01(c)(3) organi	zation,
0	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2023 (			column (f))		15	%
<u>16</u> Sec	Public support percentage from 2022 ction D. Computation of Inves					16	%
17	Investment income percentage for 2	023 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a	-	•				
b	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a l	box on line 14, 19a	a, or 19b, check th	his box and see ins		
33202	23 12-21-23		15			Schedu	ıle A (Form 990) 2023

THE PIEDMONT FOUNDATION

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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* **Part VI** *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.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** 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 **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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 Part VI.
- **10a** 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

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		Y.	N
1		Yes	No
	1	х	
	•		
	2		х
	- 2		
	3a		х
	- ou		
	3b		
	3c		
	4a		Х
	4b		
	4c		
	5a		X
	5b		
	5c		
	6		X
			37
	7		X
	_		37
	8		X
	~		v
	9a		X
	<u></u>		Х
	9b		
	<u>^</u>		х
	9c		~
	40 -		v
	10a		X
	10a 10b		X

Schedule A (Form 990) 2023

#### THE PIEDMONT FOUNDATION Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
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,	2		х
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		- 11
			Vaa	No
			Yes	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 Part V how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			V.	
	Did the second at the second of the second at the second at the second at the second second second second second		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 Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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 Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in:	structior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	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.	2a		
b	Did the activities described on line 2a, above, 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			
	Part VI 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" 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 Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

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1       Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI).         All other Type III non-functionally integrated supporting organizations must complete Sections A through E.         Section A - Adjusted Net Income       (A) Prior Year         1       Net short-term capital gain       1         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       6	). <b>See instructions.</b> (B) Current Year (optional)
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.         Section A - Adjusted Net Income       (A) Prior Year       (fill)         1       Net short-term capital gain       1       1         2       Recoveries of prior-year distributions       2       1         3       Other gross income (see instructions)       3       1         4       Add lines 1 through 3.       4       1         5       Depreciation and depletion       5       1         6       Portion of operating expenses paid or incurred for production or       1       1	(B) Current Year
Section A - Adjusted Net Income(A) Prior Year1Net short-term capital gain12Recoveries of prior-year distributions23Other gross income (see instructions)34Add lines 1 through 3.45Depreciation and depletion56Portion of operating expenses paid or incurred for production or6	
2Recoveries of prior-year distributions23Other gross income (see instructions)34Add lines 1 through 3.45Depreciation and depletion56Portion of operating expenses paid or incurred for production or6	
2Recoveries of prior-year distributions23Other gross income (see instructions)34Add lines 1 through 3.45Depreciation and depletion56Portion of operating expenses paid or incurred for production or6	
3Other gross income (see instructions)34Add lines 1 through 3.45Depreciation and depletion56Portion of operating expenses paid or incurred for production or5	
4     Add lines 1 through 3.     4       5     Depreciation and depletion     5       6     Portion of operating expenses paid or incurred for production or	
5     Depreciation and depletion     5       6     Portion of operating expenses paid or incurred for production or	
6 Portion of operating expenses paid or incurred for production or	
concerted of greece income of for management, concervation, of	
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	
· · · · · · · · · · · · · · · · · · ·	(B) Current Year
Section B - Minimum Asset Amount (A) Prior Year	(optional)
1 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	
3 Subtract line 2 from line 1d.	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	
see instructions).	
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	
6 Multiply line 5 by 0.035. 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	
2 Enter 0.85 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).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization	ו (see
instructions).	

THE PIEDMONT FOUNDATION

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	5						
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.	-	8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-		. (7)					
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
e	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
	Excess from 2022							
P	Excess from 2023							

Schedule A (Form 990) 2023

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Schedule A		PIEDMONT FOUNDATION	54-1954368 Page <b>8</b>
Part VI	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	• Provide the explanations required by Part II, line 10; Part II, lin c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line	3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	art V, Section E, lines 2, 5, and 6. Also complete this part for any	additional information.
			0
		S	
		10	
	<b>X</b>		
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		20	

		Supplemente	L Financial	Statamanta		OMB No. 1545-0047
		Supplementa Complete if the organ		2022		
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10		2023		
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form990	ttach to Form 990. I for instructions a	nd the latest informatio	n.	Open to Public Inspection
	e of the organizati					ployer identification number
		THE PIEDMONT FOUND				54-1954368
Pa		ations Maintaining Donor Advised		er Similar Funds or	Accou	nts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor a	dvised funds	<b>(b)</b> Fu	nds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5	Aggregate value a	t end of year   on inform all donors and donor advisors in v		ts hold in donor advised	funde	
5	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	•	poses and not for the benefit of the donor of	•	•		
	impermissible priv	ate benefit?	· · · · · · · · · · · · · · · · · · ·			Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	anization answered	l "Yes" on Form 990, Par	t IV, line 7	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap		~	
		n of land for public use (for example, recreat	tion or education)			important land area
		f natural habitat		Preservation of a c	certified h	istoric structure
-		n of open space				
2	Complete lines 2a day of the tax year	through 2d if the organization held a qualif	ied conservation co	ntribution in the form of a	a conserva	Ation easement on the last Held at the End of the Tax Year
_				$\mathbf{\mathcal{A}}$	00	
a b		onservation easements			0	
u c	•	vation easements on a certified historic stru	icture included on li	ne 2a		
d		vation easements included on line 2c acqui				
		ture listed in the National Register			2d	
3		vation easements modified, transferred, rel				during the tax
	year					
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	spection, handling of		
		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violatior	is, and enforcing conserv	ation eas	ements during the year
_						
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, an	id enforcing conservation	easemer	its during the year
8		 vation easement reported on line 2d above	action the requirem	$a_{a}$		
0	and section 170(h)					Yes No
9		be how the organization reports conservation				
-		d include, if applicable, the text of the footn		•		
	organization's acc	ounting for conservation easements.	-			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Othe	r Simila	ar Assets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement and	balance s	heet works
		easures, or other similar assets held for pub			erance of	public
		Part XIII the text of the footnote to its finan				turneline of
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, educatio	on, or research in furthera	uice of pu	idiic service,
	-	ing amounts relating to these items. ded on Form 990, Part VIII, line 1				\$
						Ψ \$
2	.,	received or held works of art, historical trea				•
_	0	unts required to be reported under FASB A		•	.,	
а	•	on Form 990, Part VIII, line 1	•			\$

а	Revenue included on Form 990, Part VIII, line 1	
	A sector is shaded in Farmer 0000 Deat V	

**b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	following that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	I Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's exe	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets		_		_
_	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatior	answered "Yes" or	Form 990	, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi		diary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII					·····			]
-	······································		g				Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year				1e				
	Ending balance				1f				
	Did the organization include an amount on Fe				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								]
Par	t V Endowment Funds Complete if	the organization and	swered "Yes" on For	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four		
1a	Beginning of year balance	14,463,160.	18,408,014,	16,367,185.	15,4	16,808.	13,	13,846,356.	
b	Contributions	145,136.	14,120.	423,050.		10,560.		8,	588.
	Net investment earnings, gains, and losses	1,822,205.	-2,480,509.	2,077,076.	1,3	343,125.	1,	949,	215.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	513,580.	1,478,465.	459,297.	4	103,308.		387,	352.
f	Administrative expenses								
g	End of year balance	15,916,921.	14,463,160.	18,408,014.	16,3	867,185.	15,	416,	808.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)	)) held as:					
а	Board designated or quasi-endowment	23.9400	_%						
b	Permanent endowment 64.2800	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered for t	he		Г		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		X
_	(ii) Related organizations?						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
I ai	Complete if the organization answere		) Part IV line 11a S	oo Form 000 Part V	lino 10				
						1	()		
	Description of property	(a) Cost or o basis (investr			Accumulat epreciatior		<b>(d)</b> Book	value	э
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, line 10c, column	<u>(B))</u>					0.

Schedule D (Form 990) 2023

332052 09-28-23

(a) Descrir	Complete if the organization answered "Yes" o tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	- Later Area Maria	(b) BOOK value	(c) Method of Valdation. Cost of end-or-year market val
	al derivatives		
-	held equity interests		
Other (A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	h) must aqual Form 000, Dart V, line 12, col. (D))		
art VIII	b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related.		
	Complete if the organization answered "Yes" o	n 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)	(a) becomption of investment	(w) BOOK value	to more or valuation. Cost or end-or-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	h) much source Forms 000. Don't V, line 40, and (D))	(	
<b>(9)</b> tal. (Col. (	b) must equal Form 990, Part X, line 13, col. (B))		
(9)	Other Assets	n Form 990, Bart IV, line	11d See Form 990 Part X line 15
<b>(9)</b> tal. (Col. (	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX	Other Assets Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.
(9) tal. (Col. ( Part IX (1)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX (1) (2)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX (1) (2) (3)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( part IX (1) (2) (3) (4) (5)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX (1) (2) (3) (4) (5) (6)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes" o		
(9) tal. (Col. ( part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" o (a) D	Description	(b) Book valu
(9) tal. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (Colu	Other Assets Complete if the organization answered "Yes" o (a) D	Description	(b) Book valu
(9) tal. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (Colu	Other Assets Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities	Description	(b) Book valu
(9) tal. (Col. ( part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) otal. (Colu	Other Assets Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o	Description	(b) Book valu
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(9) al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coll. art X (1) Fec	Other Assets Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o	Description	(b) Book valu
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(9) (al. (Col. ( art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (7) (8) (9) tal. (Colu (4) (5) (1) Fec (2) (3) (4) (5) (6) (3) (4) (5) (6) (6) (6) (6) (7) (6) (7) (8) (9) (1) Fec (6) (6) (6) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets Complete if the organization answered "Yes" o (a) D (a) D (b) must equal Form 990, Part X, line 15, col. Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book valu
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Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

### THE PIEDMONT FOUNDATION

Sche	edule D (Form 990) 2023 THE PIEDMONT FOUNDATION		54-1954368 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Ref	turn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	a	
b	Donated services and use of facilities2	b	
с	Recoveries of prior year grants	c	
d	Other (Describe in Part XIII.)	d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	a	
b	Other (Describe in Part XIII.)	b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	leturn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities2	a	
b	Prior year adjustments2	b	
С	Other losses2		
d	Other (Describe in Part XIII.)	1	
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	a	
b			
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

### 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 XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF REMAINDER TRUSTS
PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
THE FOUNDATION ADMINISTERS FOUR ENDOWMENT FUNDS; INCOME AND DISTRIBUTIONS
FROM THESE ENDOWMENTS BENEFIT VARIOUS ASPECTS OF PIEDMONT ENVIRONMENTAL
COUNCIL'S (PEC) OPERATIONS. PEC GENERAL OPERATING EXPENSES AND
CONSERVATION STAFF ARE SUPPORTED BY THE INCOME FROM TWO SEPARATE ENDOWMENT
FUNDS. TWO OTHER ENDOWMENT FUNDS SUPPORT OPERATIONS AND CONSERVATION STAFF
IN THE SOUTHERN GEOGRAPHICAL REGIONS OF VIRGINIA SERVED BY PEC - IN AND
AROUND ALBEMARLE COUNTY.

332054 09-28-23

• 6	
	Schedule D (Form 990) 2023
	Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE I (Form 990)			rants and Oth						OMB No. 154	45-0047
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2023	
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.						Open to F Inspect				
Name of the organization	on							Employer iden		
		ONT FOUND	ATION						4-195	
Part I General In	formation on Grants a	nd Assistance								
	ation maintain records t							ion		
	ward the grants or assis							L	Yes	X No
	V the organization's pro		u u							
	d Other Assistance to I nat received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for a	any	
·	dress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purp	ose of gra	ant
	vernment		(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance		sistance	
					C					
PIEDMONT ENVIRONM	ENTAL COUNCIL									
45 HORNER STREET										
WARRENTON, VA 2018	86	54-0935569	501C3	792,466.	0.			LAND CONSERV	VATION	
				C						
VIRGINIA, LLC					0					
2223 ROKEBY ROAD UPPERVILLE, VA 201	184	82-4317753		10,500.	0.			LAND CONSERV	VATTON	
	101	02 4317733		10,000.					V/1110I	
EDWARD J. C. BURKE	E SURVEYING LLC									
508 MOUNTAN PROSPI	ECT LN		• (							
CULPEPER, VA 22701	1	47-5641683		8,250.	٥.			LAND CONSERV	VATION	
MOSBY LAND MANAGEN	MENT									
PO BOX 12		45 4601040		6 750						
BOYCE , VA 22620		45-4621840		6,750.	0.			LAND CONSERV	VATION	
MCCARTY CONTRACTIN	NG COMPANY									
PO BOX 97										
DELAPLANE, VA 2014	44	54-1330300		12,563.	٥.			LAND CONSERV	VATION	
· · · ·										
AMERICAN BATTLEFI	ELD TRUST									
1156 15TH STREET N	,									
WASHINGTON, DC 200		54-1426643		50,000.	0.			LAND CONSERV	VATION	
	er of section 501(c)(3) ar	<b>e e</b>		e line 1 table				····· <u> </u>		<u>2.</u>
3 Enter total number	er of other organizations	s listed in the line 1	table							5.

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

Schedule I (Form 990) 2023

EASEMENT

Schedule I (Form 990) 2023

(a) Type of grant or assistance

				S	5	
				205		
			O <sup>N</sup>	2		
Part IV	Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
		- N	0			
	0	5				
	X					

(d) Amount of non-

cash assistance

Ο.

**(e)** Method of valuation (book, FMV, appraisal, other)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(b) Number of

recipients

1

(c) Amount of

cash grant

7,350.

THE PIEDMONT FOUNDATION

(f) Description of noncash assistance

Page 2

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

23

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∕

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

1990.
ons and the latest information.

Employer identification number 54-1954368

	THE PIEDMONT	FOUND	ATION		54-1954368
Par	t I Types of Property				· · ·
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	118,617.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				

13	Qualified conservation contribution -			
	Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ( )		<u> </u>	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	. 30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	. 32a	x	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
			000	

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23 29

				FOUNDATION the information required
ган	Supplemental	morr	<b>Hation.</b> Provide	the information required

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, LINE 32B:

PF USES A THIRD PARTY TO RECEIVE AND PROCESS STOCK DONATIONS. STOCK

#### DONATIONS ARE SOLD IMMEDIATELY UPON RECEIPT.

			0
			30
		•	
		6	
		6	
		C	
		• 67	
		$\sim$	
	•		
32142 09-11-23			Schedule M (Form 990) 2023
		34	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.								
Name of the organization	THE PIEDMONT FOUNDATION		identification number 954368						
FORM 990, PA	RT VI, SECTION A, LINE 1A:								
THE BYLAWS P	ROVIDE FOR THE PIEDMONT ENVIRONMENTAL COUNCIL	(PEC)	CHAIR TO BE						
A MEMBER OF	THE PIEDMONT FOUNDATION BOARD OF DIRECTORS. C	URRENT	LY, PEC HAS						
CO-CHAIRS, J	EAN PERIN AND GEORGE OHRSTROM. IT IS OF THE I	NTERPR	ETATION						
THAT THEY RE	PRESENT ONE VOTE ON THE PIEDMONT FOUNDATION BO	ARD, N	OT TWO,						
ALTHOUGH BOT	H ARE INVITED TO THE PIEDMONT FOUNDATION BOARD	MEETI	NGS.						
	.0,								
FORM 990, PA	RT VI, SECTION A, LINE 2:								
MARK OHRSTRO	M AND GEORGE OHRSTROM ARE BROTHERS.								
	· · · · · · · · · · · · · · · · · · ·								
FORM 990, PA	RT VI, SECTION B, LINE 11B:								
FOUNDATION'S	PROCESS TO REVIEW FORM 990 - THE FORM 990 IS	REVIEW	ED BY THE						
FOUNDATION'S	PRESIDENT AND CIRCULATED TO THE BOARD OF DIRE	CTORS.							
FORM 990, PA	RT VI, SECTION B, LINE 12C:								
ENFORCEMENT	OF CONFLICT OF INTEREST POLICY - NEW BOARD MEM	BERS A	TTEND A						
SESSION WHER	E THEY BECOME FAMILIAR WITH THE FOUNDATION'S O	PERATI	ONS,						
POLICIES AND	PROCEDURES. ALSO, DURING THE RECRUITMENT PROC	ESS, E	АСН						
POTENTIAL ME	MBER IS CAREFULLY VETTED FOR POTENTIAL CONFLIC	TS. FI	NALLY, THE						
POLICIES ARE	PERIODICALLY REVIEWED AT BOARD MEETINGS AND A	NNUALL	Y IN						
CONJUNCTION	WITH THE REQUEST THAT THEY REVIEW THE ANNUAL A	UDIT,	AUDITOR'S						
REPORT AND T.	AX RETURNS. THE CONFLICT OF INTEREST POLICY IS	REVIE	WED WITH						
ALL BOARD ME	MBERS.								

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, ETC. DISCLOSURE EXPLANATION - THE PUBLIC, UPON

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211
 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization THE PIEDMONT FOUNDATION	Employer identification number 54-1954368
INQUIRY, WILL BE PROVIDED COPIES OF SUCH DOCUMENTS. COPIES	MAY ALSO BE
FOUND ON THIRD PARTY WEBSITES, SUCH AS GUIDESTAR. ANNUAL R	EPORTS OF THE
PIEDMONT ENVIRONMENTAL COUNCIL, AN ORGANIZATION SUPPORTED	BY THE
FOUNDATION, ARE MAILED TO ALL DONORS AND OTHER INTERESTED	PARTIES.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF REMAINDER TRUSTS	158,427.
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION HAS NOT CHANGED EITHER ITS OVERSIGHT OR SEL	ECTION
PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.	
<u>, ()</u>	
• 	
	Sabadula O (Farma 000) 0000
332212 11-14-23	Schedule O (Form 990) 2023

SCHE	DULE R
/ <b>-</b>	000

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 54 - 1954368

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

Name of the organization

THE PIEDMONT FOUNDATION

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
			0		
		S			
		205			
	•	S			

## 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
PIEDMONT ENVIRONMENTAL COUNCIL - 54-0935569							
45 HORNER STREET							
WARRENTON, VA 20186	CONSERVATION	VIRGINIA	501(C)(3)	LINE 7	N/A		х
	-						
	]						

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

Schedule R (Form 990) 2023

### Schedule R (Form 990) 2023 THE PIEDMONT FOUNDATION

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	entity (related unrelated ) income end-of-year and amount in box (		managin partner					
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<b>&gt;</b>
										$\left  \right $	+
						2					
					5						
IV Identification of Related Org	anizations Taxable a	s a Corpo	ration or Trust. Co	omplete if the organizat	ion answered "Ye	s" on Form 990 P	art IV	line 34	4 because it had	ne or r	nore relat

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
	$\delta \lambda$								

### Schedule R (Form 990) 2023 THE PIEDMONT FOUNDATION

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No
1 During the tax year, did the organization engage in any of the following transact							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled e	entity				<b>1</b> a	X	<b>_</b>
					<b>1</b> b	X	
					<u>1c</u> 1d	X	
d Loans or loan guarantees to or for related organization(s)						X	
e Loans or loan guarantees by related organization(s)					<u>1e</u>	X	
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organization(s)					<u>1j</u>		X
k Lease of facilities, equipment, or other assets from related organization(s)		$\sim$			1k		x
<ul> <li>I Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>							X
m Performance of services or membership or fundraising solicitations by related of					<u>11</u> 1m	x	
n Sharing of facilities, equipment, mailing lists, or other assets with related organ	• • • • • • • • • • • • • • • • • • • •				1n	X	+
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	•				10		X
p Reimbursement paid to related organization(s) for expenses					1p	X	
q Reimbursement paid by related organization(s) for expenses							X
r Other transfer of cash or property to related organization(s)					1r		Х
s Other transfer of cash or property from related organization(s)					1s		X
2 If the answer to any of the above is "Yes," see the instructions for information	on who must complete th	is line, including covered	relationships a	nd transaction thresholds.			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved		<b>(d)</b> Method of determining amou	nt involved		
(1) PIEDMONT ENVIRONMENTAL COUNCIL	В	792,466.	GAAP				
2) PIEDMONT ENVIRONMENTAL COUNCIL	D	454,499.	GAAP				
3) PIEDMONT ENVIRONMENTAL COUNCIL	P	112,522.	GAAP				
4)							
5)							
(6)							

### Schedule R (Form 990) 2023 THE PIEDMONT FOUNDATION

Part VI 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.

	3 3									
(a)	(b)	(c)	(d)	(e) Are al	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	sec. Share of	Share of	Disprop tionate allocation	or- amount in box 20 or Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	partners 501(c)( orgs.?	<sup>3)</sup> total	end-of-year	allocation	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes N		assets	Yes N	(Form 1065)	Yes NO	,
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		stions on Schedule R. See instructions.	
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			Schedule R (Form 990) 2