Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

A	For th	e 2023 calend	lar year, or tax year beg	reverse supplies the supplies of the supplies	Contraction of the Contraction o	CONTRACTOR OF THE PROPERTY OF	id into distinctivi Seel into eloborici Seen into es	Inspection
В	Check it	f applicable:		The second secon	07-01 ,2023, 8	and ending	(mail: 100 miles	06-30 ,2024
П		s change	The state of the s	IEDMONT ENVIRONMENTAL	ALLIANCE INC		D Em	ployer identification number
Ħ	Name c		Doing business as			garana and an and an		74-3183083
	Initial re		Number and street (or P.O. I	oox if mail is not delivered to street address)		Room/suite	E Tel	ephone number
			1959 N PEACE			257		(617)602-5262
		tum/terminated		e, country, and ZIP or foreign postal code			G Gr	oss receipts
		ed return	WINSTON SALEM		CONTRACTOR OF THE PARTY OF THE		\$ \$	320,119
	Applicat	tion pending	F Name and address of princip	al officer:		M(a) is	Middle Company of the	m for subordinates? Yes X No
NITTO AND ADDRESS.	ORTHOGRAPH CONTRACTOR	ndektinomanianianianianianianianianianianianiania		MAATING COMMANDER OF THE STATE		1		framed Surred
1	Tax-exe	mpt status:	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	T 527			ates included? Yes No
ě	Website							
				sociation Other	L Year of formati		roup exemptio	and the same and t
P	art I	Summar			a rour or total near	On. 2000	w State of t	egal domicile: NC
	1	Briefly descr	ibe the organization's mis	sion or most significant activities:	ENUTDONMENTA	T DDMARMY	PASS SERVICE	
	and the state of t	A MORE S	USTAINABLE REGIO	N.	mes a westernible was	T PROCELL	JN, EVE	NTS & ADVOCACY FOR
70	n digastimas,					***************************************		
200	all and a second	The Martin Control of the Control of						ANY CAMPAGNIC AND COMPANY OF THE COMPANY COMPANY OF THE COMPANY OF
Š	2	Check this be	ox T if the organization	discontinued its operations or disp				
Activities & Governance	3	Number of v	oting members of the nov	eming body (Part VI, line 1a) .	used of more than 25	% of its net as:	sets.	t
0ජි	4	Number of in	idenendent unting membe	so of the Taylor Land VI, line 1a)	* * * * * * * * * * * * * * * * * * * *	* * * * * *	. 3	1.0
40	5	Total numbe	r of individuals associated	rs of the governing body (Part VI,	line 1b)		. 4	10
Ž	6	Total number	r of volunteers (estimate if	n calendar year 2023 (Part V, line	(2a)		. 5	5
A	7a	Total unrolat	of voicineers (estimate it	necessary)	* * * * * * * * * *		. 6	
		Motumality	eu pusiness revenue from	Part VIII, column (C), line 12 .			. 7a	0
************	14	, taer min eleter	a pusiness taxable incom	e from Form 990-T, Part I, line 11	* * * * * * * * * * *		. 7b	0
40.						Prior		Current Year
	8	Contributions	and grants (Part VIII, line	(1h)			174,743	and the state of t
Revenue	9	Program ser	vice revenue (Part VIII, lin	e 2g)			71,659	The state of the s
Š	10	mvesiment in	icome (Part VIII, column (A), lines 3, 4, and 7d)			2,036	
Œ	11	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						The same of the sa
***************************************	12	l otal revenue	e - add lines 8 through 11	(must equal Part VIII, column (A),	line 12)		248,438	222 222
	13	Grants and s	imilar amounts paid (Part	IX, column (A), lines 1-3)			010,130	320,119
	14	Benefits paid	to or for members (Part I		2			
455	15	Salaries, other	er compensation, employe	5 5 C C C C	4			
Expenses	16a	Professional	fundraising fees (Part IX.	column (A), line 11e)		-	146,989	191,091
ě	b	Total fundrais	sing expenses (Part IX, co	Jumn (D) line 25)		Andrew Control of the	**************************************	Q
M	17	Other expens	es (Part IX, column (A), li	4.4 . 4.4 . 4.4	39,680			
	18	Total expense	es. Add lines 13,17 (must	equal Part IX, column (A), line 25	• • • • • • • • • • •		74,072	102,955
	19	Revenue less	evnenses Subtract line	18 from line 12)		221,061	294,046
he d	2	Subsectionary Tubertoinary Tubertoinary Tube	Comparison Constitution in the	10 HORRING 12			27,377	26,073
Net Assets or	20	Total assets	Part X line 161	* * * * * * * * * * * * * * * * * * * *		Beginning of	Surrent Year	End of Year
ASS	21	Total liabilitie	s (Part X line 26)	* * * * * * * * * * * * * * * * * * * *			132,627	158,836
Set	22	Net assets or	fund balances. Subtract	N			3,484	3,620
	rt II	Signatur		HTTC Z I HOHTHHE ZU		A STATE OF THE STA	129,143	155,216
				THE SAME OF			***************************************	The state of the s
true,	correct, a	and complete. Decl	aration of preparer (other than off	m, including accompanying schedules and sicer) is based on all information of which pre	statements, and to the best of	f my knowledge an	d belief, it is	The state of the s
					paratition and minority and months		. 1	
Sig	n	Signature of office	ROBINETTE					
-	1						Đại	ite
Her	ਦ		ROBINETTE, BOARD	CHAIR				
************		Type or print nam				er Canada (Artifel des de Liste a mei a de parte de Liste a mei a mais de Liste a mei	Control of the latest and the latest	
jm), +	.4	Print/Type prep		Preparer's signature	Date	Ch	eck T if	PTIN
Paid		DAVID C	. HINTON, CPA	DAVID C. HINTON, CPA	11-05-202	1	employed	P00179853
Pre	parer	Firm's name		HINTON, CPA PA	Sectional Constitution of American Section 24 and Amer	Firm's EIN	- Simpley GU	F C C C T T T T T T T T T T T T T T T T
Use	Only	Firm's address	123 FAYE			Phone no.		
***************************************		predictor	Winston	Salem NC 27101		i none no.	225	704 4063
May	the IRS	3 discuss this r	etum with the preparer sh	own above? See instructions .		- I - I - I - I - I - I - I - I - I - I	330-	724-4261 X Yes \(\text{No}\)
mis one			The state of the s	THE PROPERTY OF THE PROPERTY O		* * * * * * * *		TALL TIME 1 DAY

-		change	Doing business as	D Employer Identification number 74-3183083					
H	Name cl		Number and street (or P.O	box if mall is not delivered to street address)		Room/suite	E Telep	phone number	
	Initial ref	turn	1959 N PEACE	HAVEN RD		257		(617)602-5262	
	Final ret	turn/terminated	City or town, state or provi	nce, country, and ZIP or foreign postal code			G Gross receipts		
H.	Amende	ed return	WINSTON SALE	M, NC 27106			\$	320,119	
	Applicati	ion pending	F Name and address of princ	cipal officer:		H(a) is this	a group return	for subordinates? Yes No	
_						H(b) Are al	I subordinat	es included? Yes No	
	Гах-ехе	Control of the Contro	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No	attach a lis	st. See instructions	
	Vebsite					H(o) Group	exemption	number	
				Association Other	L Year of format	lon: 2006 M	State of leg	al domicile: NC	
Pa	rtl	Summar							
	1	Briefly descr	ibe the organization's m	ission or most significant activities:	ENVIRONMENTA	L EDUCATION	, EVEN	TS & ADVOCACY FOR	
		A MORE S	USTAINABLE REGI	ON.					
5									
E									
Governance	2	Check this be	ox if the organizatio	n discontinued its operations or disp	oosed of more than 25	% of its net assets	3.		
	3			overning body (Part VI, line 1a) .			3	10	
60	4			pers of the governing body (Part VI			4	10	
itie	5			d in calendar year 2023 (Part V, line			5	5	
Activities &	6		r of volunteers (estimate				6		
4	7a			m Part VIII, column (C), line 12 .			7a	0	
	b			me from Form 990-T, Part I, line 11			7b	0	
						Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, li	ne 1h)			4,743	234,814	
9	9		vice revenue (Part VIII,	1,659	82,085				
Revenue	10		ncome (Part VIII, column	2,036 3,220					
ě	11		e (Part VIII, column (A),	2,030	0				
	12			1 (must equal Part VIII, column (A),		24	8,438	320,119	
	13			rt IX, column (A), lines 1-3)			0/100	0	
	14			t IX, column (A), line 4)		CALL CONTRACTOR OF THE PARTY OF		0	
	15			vee benefits (Part IX, column (A), lir		14	6,989		
8				X, column (A), line 11e)			0,303	191,091	
Expenses			sing expenses (Part IX,		39,680			0	
Š	17				39,000	7	4 072	102 055	
	18			st equal Part IX, column (A), line 25			4,072	102,955	
	19		s expenses. Subtract line		• • • • • • • • • •		7,377	294,046	
	10	Tieveriue less	S expenses. Oubtract link	- 10 Hom III 12				26,073	
at Assets or nd Balances	20	Total accate	(Part X, line 16)			Beginning of Curr	2,627	End of Year	
Bass	21		es (Part X, line 26)				3,484	158,836	
45	22		r fund balances. Subtrac	t line 21 from line 20	• • • • • • • • • • • • • • • • • • • •		9,143	3,620	
Par		Signatur		A IIII E Z I HOIII IIII E ZO	• • • • • • • • • •	14.	7,143	155,216	
	The Park Street of the Park Stre			eturn, including accompanying schedules and	statements and to the hest	of my knowledge and he	liof it is		
				officer) is based on all information of which pr		or my rational coge and or			
			DODING	MI IL	Public Systems and Married Street Street			11/5/2001	
Sigr	1	Signature of office	ROBINETTE	after 150			Dot	1/2/2019	
Here				9			Dau		
i ier	9		ROBINETTE, BOAR	CD CHAIR					
		Type or print nam		Proparare cignature	Date			Den la companya de la	
Paid		Print/Type prep	Jarei S Harrie	Preparer's signature	Date	Check		PTIN	

-	m 990 (2023) PIEDMONT ENVIRONMENTAL ALLIANCE INC 74-3183083 Page 2 art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ENVIRONMENTAL EDUCATION, EVENTS & ADVOCACY FOR A MORE SUSTAINABLE REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$
46	(Code:) (Expenses \$
40	(Code:) (Expenses \$32,736 including grants of \$) (Revenue \$) ADVOCACY, COMMUNITY PROJECTS, AND SUPPORT FOR LOCAL BUSINESSES AND INSTITUTIONS TO IMPROVE ENVIRONMENTAL SUSTAINABILITY AND CREATE A GREENER REGION
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 181,865

Part IV

Checklist of Required Schedules Yes. No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," de la X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 1 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 116 X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 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. 역석준 X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 X 14a X 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 14b 7 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II........ 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

Part IV

Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 243 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 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c đ 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a X 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? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 27 7. Was the organization a party to a business transaction with one of the following parties (See the Schedule 28 L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 282 X 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 280 X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M....... 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N. Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 20 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a 35a X 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part,VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O............... 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V No Yes 1a 0 0 16 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Page 5

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			ACA A STEEL AND
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	enerwersene	X
G	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Desireda Sacilifacio	desired Subdesigner
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			one and the second
	organization solicit 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 contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		45
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	-	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	113		
-	required to file Form 8282?	7c		107
d	If "Yes," indicate the number of Forms 8282 filed during the year	116	ļ	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		40*
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	Particular Constitution of	-	X
g h		7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	X
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
n	sponsoring organization have excess business holdings at any time during the year?	8		- Company of the Comp
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
3	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		-	
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
**	against amounts due or received from them.)		and a second	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	-	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	and the second	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	and in the second
ä	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.	and the state of t	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which		(American)	operate particular section of the se
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- Constitution	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	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 activities		-	-
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	Taxable Commence	Perfections
	If "Yes," complete Form 6069.	-]	1

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 X Did the organization have members or stockholders? 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 78 78 X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at ¥ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . 11a 11a X Describe on Schedule O the process, if any, used by the organization to review this Form 990. h 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . b 12h Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 120 13 13 X 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a ¥ 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. JAMIE MAIER (617)602-5262, 1959 N PEACE HAVEN RD, WINSTON SALEM, NC 27106

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	GEH !	(2023)
F113 157	200	120203

PIEDMONT ENVIRONMENTAL ALLIANCE INC

74-3183083

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

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

	ton or gon news	1011 00	110001	Francis &	UW CA	ity wont	CHIE	Univer, unector, or	uustee.	
				((C)					
(A)	(8)	Position						(D)	(E)	(F)
Name and title	Average					nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	Reportable compensation	of other
	per week							from the	from related	compensation
	(list any	의 품	ng.	g	6	en H	7	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	direc		Officer	уеп	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	individual trustee or director	Institutional trustee	- Constitution	Key emplicyee	e cor				
	below	uste	Brus	-	9.6	tper				
	dotted line)	(9	186	- Contraction		Highest compensated employee				
	de de la companya del companya de la companya del companya de la c			, and		ă		persey/en licini		
				and the same of th		displanting		Day productions		
(1) JAMIE G MAIER	40.00									Committee of the Committee of Committee of the Committee
EXEUTIVE DIRECTOR					X			62,500	0	0
_(2) RASHAWN MEEKINS III	1.00					, Land				
DIRECTOR		X						0	0	0
(3) JONATHAN HALSEY	1.00							A STATE OF THE STA	Marie Artine Andreas Communication (Artine Andreas And	COMPANY OF THE PROPERTY OF THE
DIRECTOR		X						0	0	0
(4) ALECIA GAINES	1.00									
DIRECTOR		x						0	0	0
(5) ROBERT LEAK III	1.00	START MARKET LAND								
DIRECTOR	Taken and the second	X	or and other states of the sta					0	0	0
(6) LAWREN DESAI	1.00							A Mark Mark Mark A Shipe in the cash and the		
DIRECTOR	and the state of t	X						0	0	0
_(7)SHONA_SIMPSON_	1.00								Control of the Contro	A CANADA MARIAN A COMMANDA A COMMISSION AND A COMMISSION AND A COMMISSION AND A COMMISSION ASSOCIATION
DIRECTOR		X						0	0	0
(8) ALEC ROBINETTE	2.00		Processor Processor							
CHAIR		x		X				0	0	0
(9) STEVE ZUCKER	2.00	and the later of t		and the investment of	Antheinicale	Man Marian Laboratory	Million Million or	And the second section of the control of the contro		A Commendation City from an Bertin City Comments of City Comments of City Commen
TREASURER	SC 200- 000 000 000 000	X		X				0	0	0
(10)JESSICA FISHER	1.00			W20000 Named	***************************************		dell'entire.	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		
SECRETARY		X	antinganism antinganism antinganism	X		1		0	0	O
(11)LINDSAY BATCHELOR	1.00	with the book of the book of		PARKET NAME OF TAXABLE PARKET			-			
VICE CHAIR	No. 100 NO. 100 NO. 100	X		X				0	0	0
(12)	- May 124									
								and the state of t	No. of the Contract of the Con	
(13)	- 1964 1974 1989 water deals		Control of the Contro							A Trailine of A Marie of the Augine of Administration during the common and Administration in Court and Administra
(14)				C. In this leads to the						
				MAGGING						
Problem A										

Pari	VII Section A. Officers, Directors, T	rustope	Kou	Emi	nlo nlo	Voo	e or	- A I	dinhaet Cama	74-318	3083	F	Page 8
Canada and and		100000	L COY	m 2 2 2 2		(C)	o, ai	IG I	ilgilest Collip	ensated Emp	loyees	i (con	itinued)
	(A)	(10)	the control of the co			sition					age de la constitución de la con		
	Name and title	(8)					han one		(D)	(E)	and a second	(F)	
	THE STATE OF THE S	Average					s both ar		Reportable compensation	Reportable compensation	Esti	mated an of othe	
		per week	And the second			11 40101	, nooro	,	from the	from related	C	onome	
		(list any	9 5	2	1 6	9 1	1	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	1	from the		
		hours for related	direc		CHOSE	yon	Highest compensated employee	Former	1099-NEC)	1099-NEC)		anization ed organi	
		organizations	for si	mai	and the second	Key employee	ee con			=	The state of the s		
		below	or director	Institutional truster	direction of the second	96	ypen		Q-VIII-VIII-VIII-VIII-VIII-VIII-VIII-VI		riji jinaka sa		
		dotted line)	and in the last of	96			sale		annen de la companya		de Paraciones de la Constantina del Constantina de la Constantina		
rindramination in the second											nice property and		
[15]	عدد الله الله الله الله الله الله الله ال	L	de la constitución de la constit	de constitue de la constitue d		per property de la constante d			an i i garanta da anta			(Methodola di America Calabidado)	acabetatisisinemadia kuisiis
1461			-						A CONTRACTOR OF THE PROPERTY O	with the state of		nonalization activation activation	Ethania stato and high as as 1000
7101		L							enant franchiscopy		- Acceptance		
(17)		-	-						AND THE RESIDENCE OF THE PARTY	The latter and the latter is the comment of the latter to	-	META-CHICAGO MATARIANA	Constitution and a constitution of
7.77									(dimensional property)		and the state of t		
(18)								************		SACREMENTAL DE CONTRACTOR DE L'ARREST DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE CONTRACTOR DE	-	CONTRACTOR OF THE PARTY OF THE	torserson exercises
all and an .	OF MAY MAY NOW	MI AND THE TOTAL LAW		And other state of		and principles and the second							
(19)			-			-			ni ostasa. Eu ostasa. El ostasa, el ostasa il el	ARREST CONTROL OF THE PROPERTY			MARILE COLUMNIA
-											and the same of th		
(20)_											-	House and African	
-	AND THE RESIDENCE AND THE RESI										The state of the s		
(21)_											 	Nichted Aufgestander	
***************************************											Professional Control of the Control		
(22)_												Community (Section Section)	e-Pre-inclusive and a state of the control of the c
1881		MARKET MILLER CONTROL MARKET CONTROL	ļ				-	n-Deciminated	and resident or but because current supplication of the con-			Aller Britain and Britain	
(23)	NO TITLE WARE MICH TOUR WARE THEN MEET AND WERE AND THE WAS THE THE TOUR TOUR THE TOUR WEST THE WAS THE AND THE	one time time time time time											
(24)							***********				A SECULO DE LA COMPANSIONE DE	Salamana mayan	
The same of	the said table that their easts when them had been mad table came table than while table can't made their table table table.												
(25)			MARINE TRANS		abometa					AND CONTRACTOR OF THE PROPERTY OF THE PARTY	-		market and the second
க்க ் க.	or and were now not not not use the cold have told and the time told the time that the time the way time had										d-vilgram distribution of the state of the s		
1b	Subtotal	L	<u> </u>				L1		- AND CANDON CANDON APPROXIMATION CANDON	A Processing Services (Annual Services (1	distance di bentrolatione	ment) And the Colonian Colonia
C	Total from continuation sheets to Part VII, Sect	lon A .									-	Processor Contraction Contraction	alkininest turnest total
d	Total (add lines 1b and 1c)					+ +		*	62,500	0	1	DMM-Darker State (Santa)	0
2	Total number of individuals (including but no	ot limited to	thos	e list	ted	abc	ve) w	ho	received more th	an \$100,000 of	salare and a second	AND APPRICATE OF THE PARTY OF T	Marian Control of the
	reportable compensation from the organization	tion		- Allentino de la compansión de la compa	مناورت وماليات	dicessions.		to be a second					0
	PATAN											Yes	No
3	Did the organization list any former officer, direct	tor, trustee, l	key en	ploy	/ee,	or h	ighest	con	npensated				
á	employee on line 1a? If "Yes," complete Schedul	e J for such	individ	lual .	Ø. 10.					* * * * * * * * * *	3	- Control Service Con	X
4	For any individual listed on line 1a, is the sum of re	eportable cor	npens	ation	and	oth	er com	pen	sation from the		proteins		
	organization and related organizations greater the	an \$150,000	1? <i>If</i> "Y	⊕8,″	con	nplet	e Schi	edul	le J for such				
5	individual				• •						4		X
	for services rendered to the organization? If "Yes	COMpensatio	n iron Sahad	any	unr	elate	ea orga	anız	ation or individual				
Secti	on B. Independent Contractors	, complete	001160	UIC U	1101	300	II pers	JII .			5	January	<u> X</u>
1	Complete this table for your five highest cor	npensated	indec	end	ent	cor	ntracto	ors t	that received mo	re than \$100 00	Ω of	Marith space of the Street Labor.	
ACCOMING TO A STATE OF THE STAT	compensation from the organization. Repor	t compens	ation 1	or th	he c	cale	ndar v	/ear	endina with or v	vithin the organ	ization's	s tay u	/oor
	(A)		of the latest tenderal tenderal latest tendera	Memorina (A)	Selband lake	nahaminaine.	***************************************	*********	(B)	7	(C)		Minimum minimum
	Name and business addres	8							Description of service	as	Compen		
Medicina												Parallel State Control of the Contro	memeratikal/dapada
hindigan and own		de Description de la laterature de laterature de la later	AND THE REAL PROPERTY.	Marine de la companya della companya de la companya de la companya della companya	*****	*****************					****		
					-			-				ALL DE SALES AND AND ADDRESS A	
dallamentegiciaciani				and the second second	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow	CORNEL ACRES						Element Lemma State (Co.)	MINISTERNATURE CONTROL
2	Total number of independent contents.	alianian bee	l and l	Land 1s	4. \$2. 4	n zi		-4	1 _ 1 _ 1		**************************************	MARIOTA PROGRAMME TO A SERVICE	NAMES OF THE PARTY
En	Total number of independent contractors (ir received more than \$100,000 of compensations)	ion from th	HOLI	HITHE	ao i	om	ose ili	stec	above) who	. in the second			
FFA	INSTRUCTION TO COULD FOR THAT O THAT IS NOT TO THE	auti itūtii tii	e orgi	31112	auc) [[edicinal edicates	MANUFACTURE OF THE PARTY OF THE			inaleterments com	milwelphologypophysiolog	(minorprotensia-papa)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns b Membership dues 1b 29,239 Contributions, Giffs, Grants and Other Similar Amounts Fundraising events 10 Related organizations 1d Government grants (contributions) . . 10 All other contributions, gifts, grants, and similar amounts not included above 11 205,575 g Noncash contributions included in 19 \$ h Total. Add lines 1a-1f 234,814 **Business Code** 2a EARTH DAY FAIR 900099 82,085 82,085 Program Service f All other program service revenue 82,085 3 Investment income (including dividends, interest, and 3,220 3,220 Income from investment of tax-exempt bond proceeds Royalties (i) Real (iii) Personal 6a Gross rents b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory . . 7a b Less: cost or other basis and sales expenses . . 7b Other Revenue c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 Ra b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . . **Business Code** 11a Miscellanous Revenue C d All other revenue e Total. Add lines 11a-11d

320,119

85,305

0

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All c	other organizations n	nust complete column	(A).
and the same of th	Check if Schedule O contains a response or r	note to any line in thi	detect to the first	*****	AND THE PROPERTY OF THE PROPER
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(8) Program service	(C) Management and	(D)
And the Association of the Indian	9b, and 10b of Part VIII.		expenses	general expenses	Fundraising expenses
Approx	Grants and other assistance to domestic organizations	Atomotive			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	nem dente en	al-angere		TO THE REAL PROPERTY AND THE REAL PROPERTY A
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	the state of the s			
	organizations, foreign governments, and	The state of the s			
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				A CONTRACTOR OF THE PROPERTY O
5	Compensation of current officers, directors,	And the second s		and the second procedure of the second control of the second of the seco	himmedialisetta var saamuslamisti kusit johlevi taasi tiki vii kii kiinmeela miseka viikti naamustaivist
	trustees, and key employees	62,500	31,250	15,625	15,625
6	Compensation not included above to disqualified	and the state of t			To Article State Committee Supplier on the state of Assaulta Assaulta State Committee State Co
	persons (as defined under section 4958(f)(1)) and	the installation of the state o	and the second s		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	115,011	80,802	13,651	20,558
8	Pension plan accruals and contributions (include	and the second s			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,580	8,555	2,173	2,852
11	Fees for services (nonemployees):	and the second			######################################
3	Management				
b	Legal,				menterande de la composition de la comp
C	Accounting				
d	Lobbying				Destination of the control of the co
e	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				and Santistia de Santisch and Santisch and Santische (Petri and Santis
	(A), amount, list line 11g expenses on Schedule O.)	12,900	9,030	3,225	645
12	Advertising and promotion	Mark PLA dishara Milita Ali Lidahan Milita Ali Lida		A CONTROL OF THE STATE OF THE S	ni an ana antana ann an
13	Office expenses	3,493		3,493	en e
14	Information technology	1			minima minima celebro colonici di altituto di di discolonici el discolonici di discolonici di discolonici di d
15	Royalties				ett film ett ein de klim de film film film film ein im film die herhoerte ett ter dit behalten fereinige ett ou
16	Occupancy	15,330	2,130	13,200	ala ette anneti ala i di a ette que esti soli di a este ali a di a per a la activa pi atti a segli a esti a ac
17	Travel	The Mark Control and a section of the Control and Association and the Control and Association and Control and Cont	THE EAST AND A STATE OF THE STATE AS THE STATE OF THE STATE AS THE STATE OF THE STATE AS THE STATE OF THE STA	Anthonistic unit con a control of the control of th	a del di direction de la company de la compa
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				endere di il committe de la committa
21	Payments to affiliates	decare			
22	Depreciation, depletion, and amortization	The state of the s			elle del del secondo de de del secto del secondo del del secondo del secto del secto del secto del secto del s
23	Insurance	2,183		2,183	
24	Other expenses. Itemize expenses not covered				
	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 O.)				
a	EARTH DAY	21,856	21,856		ne man diese Material de la Maria de Material de Material de Material de Material de Material de Material de M Companya de Material de Ma
b	OTHER PROGRAMS	26,114	26,114		
G	BOARD RETREAT & DEI TRAINING	12,070		12,070	laininkiste kokustussa tuutetti suutettiissa suutetti suutetta kookustaatiaa kokustaa kokustaa kan anaan suutema
d	TRAINING	2,128	2,128		kiridan (dan Adam milikar) dan dan mendalah dan dan Adam mendalah dan dan Adam milikar dan dan dan disebat dan
e	All other expenses	6,881		6,881	tit die verschaft werde er verschaft der
25	Total functional expenses. Add lines 1 through 24e	294,046	181,865	72,501	39,680
26	Joint costs. Complete this line only if the	THE RESERVE OF THE PROPERTY OF		CONTRACTOR OF THE PROPERTY OF	THE THE PERSON NAMED IN THE PE
	organization reported in column (B) joint costs from a combined educational campaign and	nginopeanag	-		
	fundraising solicitation. Check here if	plan parties of the p	- Annabase	(Bet-violateur	
and another control	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

			(A)	- Income	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	132,627	1	158,836
again ann an a	2	Savings and temporary cash investments		2	
-	3	Pledges and grants receivable, net		3	estrularista. Thurston alata de Lorento della de lorenta della della della della della della della della della
part of the same	4	Accounts receivable, net		4	
1	5	Loans and other receivables from any current or former officer, director,			
and the second		trustee, key employee, creator or founder, substantial contributor, or 35%			
Bangalaya		controlled entity or family member of any of these persons	No. 2000 Charles Charl	5	DESIGNATION OF THE PROPERTY OF
sing the spile	6	Loans and other receivables from other disqualified persons (as defined			
ricionalism		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net		7	entromental del des tratales de control de la control de l
Assets	8	Inventories for sale or use	COLINE ESCULUE DATA DE LE PROCESSO DE CONTROL DE CONTRO	8	renovara aren in, kila eginak arandarak arandarak sista ar elakuluk albandu dibanda elekuluk albandu ar elikak
4	9	Prepaid expenses and deferred charges		9	engera with the treverse device and constructive extension and treverse quantities are
	10a	Land, buildings, and equipment cost or other			
ear person and in media and in person in the state of the person and the state of t		basis. Complete Part VI of Schedule D 10a		40	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	and Manager Campain and A State of the Action of the Actio	14	
	15 16	Other assets. See Part IV, line 11	455 659	16	158,836
	17		132,627	17	3,620
	18	Accounts payable and accrued expenses	3,484	18	J / O Z V
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	a de la completa del la completa de la completa de la completa del la completa de la completa del la complet	21	antinatura a Sensalain salaina a Sensalain toi araa Samah ain toi araa Samah ain ta'a a a Samah a
	22	Loans and other payables to any current or former officer, director,		An I	
Semige	dista	trustee, key employee, creator or founder, substantial contributor, or 35%			
CONTRACTOR OF THE PARTY OF THE		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	A Plantinum unimeta timoria en animeta Principina e simola il a pel minoriali de Arlandia, a cambia an
	24	Unsecured notes and loans payable to unrelated third parties		24	an tang may may maganan pang may may kayanan paka mang at asing ilaum penganan) man ilain mady panina at dan ma
	25	Other liabilities (including federal income tax, payables to related third			
	200	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,484	26	3,620
NAME OF TAXABLE PARTY.		Organizations that follow FASB ASC 958, check here			
	San January San Ja	and complete lines 27, 28, 32, and 33.			
89	27	Net assets without donor restrictions	129,143	27	155,216
TO TO	28	Net assets with donor restrictions		28	And the same of th
m		Organizations that do not follow FASB ASC 958, check here			omissa kilan anasigasi ahasan akilan ahakah omisk bilan ahara samma hilisish amakalan mahilisish samakan omin
2		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		30	CETALLO SE ILLI DIMENETA ILLO RECLI DOMINITA LO DELLA DA MINIDA MAR PRINCIDA MARIO DI MENGLI COMPANIONI
88	31	Retained earnings, endowment, accumulated income, or other funds	damentaria de la California de la Califo	31	a alfornitora adfornitora alfornitora alfornitora alfornitora alfornitori
Z Z	32	Total net assets or fund balances	129,143	32	155,216
273	33	Total liabilities and net assets/fund balances	132,627	33	158,836

probability and the second	990 (2023) PIEDMONT ENVIRONMENTAL ALLIANCE INC	74-318	3083	Đ	age 12
Pa	rt XI Reconciliation of Net Assets	Na Control of the Con			
of the same of the	Check if Schedule O contains a response or note to any line in this Part XI				
age .	1988 1940 (most equal Pair Viii, column (A), line 12)	1 4 1	Season and the season of the s		, ,119
2	Total expenses (must equal Part IX, column (A), line 25)	2			,046
3	Revenue less expenses. Subtract line 2 from line 1	3		The second second second	,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		With the same of t	,143
5	Net unrealized gains (losses) on investments	5	Alexander Completion Company	Acto I	1223
6	Donated services and use of facilities	6	Constitution and the trans	entire transportation	ALEXANDER OF
7	Investment expenses	7	and the state of t	arthur feet freeze by	hemina mediani
8	Prior period adjustments	. 8		adamin'ny fir	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	destruction of the Assessment of	14.00000014774.400	and the consensus
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			MARCHINE AND AND ADDRESS OF THE PARTY OF THE	Ö
	32, column (B))	40		an an an	
Pa	t XII Financial Statements and Reporting	. 10		155	,216
	Check if Schedule O contains a response or note to any line in this Part XII				Sacran
2000	to the difference of the country and all the state of the country and the coun	* * * * *	2 4 4 4 4	1	
1	Accounting method used to prepare the Form 990: 🗵 Cash 📗 Accrual 📗 Other		from the first contract of the first contrac	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	NE MiddaCahadiinakamatana	5		open de la company de la compa
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				dispersion
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		. <u>2a</u>	-	X
	reviewed on a separate basis, consolidated basis, or both.		and the second		
b	Alara the annual of the state o				
	If "Yes" check a box below to indicate what a the form of the countaint?		. <u>2b</u>		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		and desired		
	and the same of th		electronic de la constante de		
	To pour porigoridated and sabarate hasis		and a state of the		
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		and the same of th	and in the latest designation of the latest	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
20					
<i>હ</i> લ	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		and the same of th		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				***************************************
MATCH STATE OF THE	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	* * * * *	. 3b		
EEA	and the second s		www.commondenseasonsenseason	fishateway constitutes an	AND REPORT OF THE PERSON NAMED IN

Form 990 (2023)

SCHEDULE A (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number PIEDMONT ENVIRONMENTAL ALLIANCE INC 74-3183083 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 4 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). B 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C: its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Part	washing)	ations Desc	ribed in Sect	tions 170(b)(1)(A)(iv) and	170(b)(1)(A	(vi)
	(Complete only if you checked the	ne box on line	€ 5. 7. or 8 of	Part I or if the	e organization	failed to our	alify under
Commence	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support			-	el generalisti altitubus damininda mariinda ina ina ina inconsume (danta me in merima)		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	in the second se	of the second	u-fracessori			taniformity and the state of th
	membership fees received. (Do not	KAL-SANDA (SANDA)	for each personal	property and the second		The state of the s	D) de qui sant
~	include any "unusual grants.")						t property and the second
2	Tax revenues levied for the	deryon-break	to provide the second of	-	Anna Caracteristic Control of Caracteristic Caracteristic Control of Caracteristic Control of Caracteristic Control of Caracteristic Caracteri		linguistment of the contract o
	organization's benefit and either paid	non-recognization of the second	and the second of the second o	and the state of t			desperance
•	to or expended on its behalf					Marie Communication and an action of the communication of the communicat	
3	The value of services or facilities	and the second	The state of the s				
	furnished by a governmental unit to the	and the second s	de de la companya de				e de la company
	organization without charge						
4	Total. Add lines 1 through 3	Allenda Transis Del Berta Allenda berta Alle					
5	The portion of total contributions by		No.	e e e e e e e e e e e e e e e e e e e			physical pass
	each person (other than a	Activity (Management)	value of the second sec	The state of the s			A-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-
4	governmental unit or publicly						disconnection
	supported organization) included on	a-Continue of the Continue of	a service a	and the state of t			- Annual Control of the Control of t
	line 1 that exceeds 2% of the amount			and the second s			gancipateres
	shown on line 11, column (f)		The second secon		CONTRACTOR OF PROPERTY AND ADDRESS.		
6	Public support. Subtract line 5 from line 4.	<u> </u>	1	<u> </u>		I months and the second	
	on B. Total Support				angentera transcommission contra all term in refundis to in a transcomment a long as	-	and any decay of the following the Administration of the Administr
7	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
8	Amounts from line 4						
0	Gross income from interest, dividends,	Application of the second of t	proceedings	physical desired and the second secon			(A)
	payments received on securities loans,	uriteraticipista	Andrew de la constante de la c	Single Property Control	riching special		ender deliberate
	rents, royalties, and income from		plantament of	a particular de la constante d	Manufacture and the second	American	ling permitted to
٨	similar sources						
9	Net income from unrelated business		rich and projection	de de la companya de	- Anna Carlos Ca	The state of the s	de la constitución de la constit
	activities, whether or not the business	And the second s	Top Miles Season	rian paragraphic de la constante de la constan			inequipped and the second seco
10	is regularly carried on						
10	Other income. Do not include gain or		*Participate of the Control of the C	in the state of th		and the second	Aboreantifus
	loss from the sale of capital assets	The first state of the state of	artendra de la constante de la		Company of the Compan		are spirit property
11	(Explain in Part VI.)	CONTRACTOR	AND THE REST OF THE PARTY OF TH	THE PROPERTY OF THE PARTY OF TH	MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERT	delicina di productiva di processo di processo di	
	Total support. Add lines 7 through 10		1		<u> </u>		
12	Gross receipts from related activities, etc.	. (see instruction	ons)		* * * * * * .	12	and analysis of francisca con a transferance when the second constructions are
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, th	ird, fourth, or fi	th tax year as	a section 501(c)(3)
Casti	organization, check this box and stop he	re .					mentarian mentar
14	on C. Computation of Public Suppo			2.3	es de constituir de la	-	ФИЛЛИАТИВНО ФИЛИТИННИКО В ВОВЕНЬО В ВОВЕ В ВОВЕНЬО В ВОВЕНЬО
15	Public support percentage for 2023 (line (o, column (1), c	livided by line	11, column (f))		14	<u>%</u>
16a	Public support percentage from 2022 Sch	lequie A, Pan	II, IINE 14			15	%
100	33 1/3% support test - 2023. If the organ	ilzauon did noi	Check the box	con line 13, an	a line 14 is 33	1/3% or more,	check this
b	box and stop here. The organization qua	mnes as a puo	iciy supported	organization.		4 4 4 5 6 6 6 6	
100	33 1/3% support test - 2022. If the organ	mzauon did noi	check a box c	on line 13 or 16	a, and line 15 i	is 33 1/3% or i	more, check
17a	this box and stop here. The organization	quamies as a	publicly suppo	rted organizatii	on		
4 5 53	10%-facts-and-circumstances test - 20	zs. II the organ	nization did no	t check a box o	n line 13, 16a,	or 16b, and li	ne 14 is
	10% or more, and if the organization mee	ns the racts-an	ia-circumstanc	es test, check i	his box and st	op here. Expl	ain in
	Part VI how the organization meets the fa	icts-and-circun	nstances test.	The organization	on qualifies as	a publicly sup	ported
b	organization	99 16 44		* * * * * * * *			· · · · · · · □
IJ	10%-facts-and-circumstances test - 20	zz. II ule orgal	nzauon did no	cneck a box o	n me 13, 16a,	16b, or 17a, a	ind line
	15 is 10% or more, and if the organization	facts and -!	Justand-Circum	stances test, cl	neck this box a	na stop here.	Explain
	in Part VI how the organization meets the	racis-and-CifC	umstances tes	it. The organiza	ation qualifies a	as a publicly su	upported
18	Private foundation. If the organization di	id not check a	hay on line 12	160 16h 170	or 17h obsai	town wand night	

instructions

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.)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees			(0) = 0 = 1	(W) LULL	16) 2020	U) I Ulai
	received. (Do not include any "unusual grants.")	75,864	87,975	75,270	174,743	004 004	*****
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			73,210	2/27/23	234,814	648,666
3	Gross receipts from activities that are not an		A Company of the Comp			***************************************	Line for Public Contraction and Artific Extended and Artific Contraction and Artific
	unrelated trade or business under section 513	29,432	20,721	60,758	71,659	85,085	0.00 000
4	Tax revenues levied for the		de de la composição de la	and the second s	727333	63,065	267,655
	organization's benefit and either paid					indexes and described in the second s	
	to or expended on its behalf					entiplates produced by the control of the control o	
5	The value of services or facilities				eritational to 12.00 cm to 10.00 cm to 10.10 cm		
	furnished by a governmental unit to the					Grand Control of the	
	organization without charge					Addition to the state of the st	
6	Total. Add lines 1 through 5	105,296	108,696	136,028	246,402	319,899	916,321
7a	Amounts included on lines 1, 2, and 3	Citizand American (Citizana Administra A. Citizana (Albania Americana Albania Administra Administra Administra	And Andrews (Co.) Agency (Co.) Co. (Co.)	NAMES OF THE OWNER, WHEN THE PERSON NAMES OF THE OWNER, WHEN THE			Jac Gy Jack
	received from disqualified persons						
b	Amounts included on lines 2 and 3	STATE OF THE PROPERTY OF THE P	SECRETARIA DE LA CONTRACA DE SERVICIA A LA LINIO DE CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DE LA CONTRACA DEL CONTRACA DEL CONTRACA DE LA CONTRACA DE LA CONTRACA DE LA CONTRACA DE LA CO	ACTION OF THE PROPERTY OF THE	THE RESERVE OF THE PROPERTY OF	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU	MARGINANA TROOTETURANA ARILA MARKATETINA
	received from other than disqualified		2				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		ACCOUNTS FOR A STATE OF THE STA			NAME OF THE PROPERTY OF THE PR	
8	Public support. (Subtract line 7c from						embles after the contract of t
VIII CONTRACTOR CONTRA	line 6.)						916,321
Secti	on B. Total Support			er den Value beriet de en mona secondo en calaba a cartera de en esta de la colaba de la colaba de la colaba d	Delated Delates Andrew Control to Advance Acceptant in the Advance Acceptance in the Advance in	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	W the W & the de-
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	105,296	108,696	136,028	246,402	319,899	916,321
10a	Gross income from interest, dividends,				A BOOK I TOWN OF A THE WAR A BOOK I BOOK I TOWN I TO SHOW I WAS	eller aller i terretta att att eller filt aller i terretta att att eller filt att eller filt att eller filt at	SANGERS AND THE PROPERTY OF THE PARTY OF THE
	payments received on securities loans, rents,		9.00	and the second second			
	royalties, and income from similar sources .	287	131		2,036	3,220	5,674
b	Unrelated business taxable income (less				assunassos os constituentes as a successor of		Decree of the second
	section 511 taxes) from businesses	Service of the servic	Heliconomic	agri Apanigay		greenfrakeng	
	acquired after June 30, 1975		e de la companya de l	nagi specialisti		general parameters and the second	
C	Add lines 10a and 10b	287	131		2,036	3,220	5,674
11	Net income from unrelated business	Activities	and an article plant				And desired and de
	activities not included on line 10b, whether	reprojektion of the control of the c	handistrope	and the state of t		dywynjalan	
4.00	or not the business is regularly carried on			are a second		and the state of t	
12	Other income. Do not include gain or	Capturage	danque	and the state of t			
	loss from the sale of capital assets	(man)(i)(man)	n gyddr wiise	n control de de la control de de la control de de la control de la contr		ndinyange	
44	(Explain in Part VI.)	The same of the sa	Hamilton eine der Grenze in de			ary publication	
13	Total support. (Add lines 9, 10c, 11,	(Colored Services)	deamopoign	and the same of th			
	and 12.)	105,583	108,827	136,028	248,438	323,119	921,995
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	a section 501(c)(3)
4%	organization, check this box and stop her	8					· · · · · · []
Secti	on C. Computation of Public Suppor	t Percentage)				Providente de la compansa del compansa de la compansa de la compansa del compansa de la compansa del compansa de la compansa del compansa de la compansa del compans
15	Public support percentage for 2023 (line 8	, column (f), di	vided by line 1	3, column (f))	* * * * * * *	15	99.38 %
16	Public support percentage from 2022 Sche	edule A, Part II	l, line 15			16	99.94 %
Secti	on D. Computation of Investment Inc	ome Percen	tage				
17	Investment income percentage for 2023 (li	ne 10c, colum	n (f), divided by	y line 13, colun	nn (f))	17	1.00%
18	Investment income percentage from 2022	Schedule A, P	art III, line 17	* * * * * * * *		18	0.00%
19a	33 1/3% support tests - 2023. If the organ	nization did no	check the box	on line 14, an	d line 15 is mo	ore than 33 1/39	%, and line
	17 is not more than 33 1/3%, check this bo	ox and stop he	re. The organi	zation qualifies	s as a publicly	supported orga	nization 🔯
b	33 1/3% support tests - 2022. If the organization	on did not check	a box on line 14	or line 19a, and	line 16 is more	than 33 1/3%, an	d
20	line 18 is not more than 33 1/3%, check this box	and stop here.	The organizatio	n qualifies as a r	oublicly supports	et organization	П
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	eck this box a	nd see instructi	ons Π

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

- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer 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).
- 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**.
- 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.)

	Yes	No
- American		
2	***************************************	The second second second
3a		
3b		
3 _G	GCord del SERVA del Paris de La Car	METALLINI
4b		
en extraordo acesano de composito de composi		
5a		
5b	-	
5c	SERVICE SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO ADDRESS OF THE PERSON NAMED IN THE PERSON NAMED IN THE PER	ne de la constanta de la consta
5a 5b 5c		
6		Maria de la compansión de
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8		Manus (Sept. Sept.
7 8 9a 9b	Political de la constante de l	
9b		
9c		
10a		·
10b		NO NO POSTA DE LA CALLANA

		Maria Maria Surana	The second	T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		A CONTRACTOR OF THE CONTRACTOR	
	11c below, the governing body of a supported organization?	44	in the second	
b	A family member of a person described on line 11a above?	11a	STATE OF THE PARTY OF	Section 1
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11b	-	
intensintennamasia.	provide detail in Part VI.	11c	- Company	
Secti	on B. Type I Supporting Organizations		-	-
A		AND THE PROPERTY OF THE PARTY O	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)	Company of the Compan	- Andrews	
	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	and the second		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	cia-	
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,			
Canti	supervised, or controlled the supporting organization.	2		
oeuu	on C. Type II Supporting Organizations	demandra (1990) al an latina sina	njir kutumatulusiaa	-
1	Were a majority of the organization's directors as trustoes during the	·	Yes	No
	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 VI how control			
	or management of the supporting organization was vocated in the server that a server t			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1	Market	
Anima Market Market Market	The month of designation		V	44
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	professional and	Yes	No
	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			COMPACTOR CONTRACTOR
	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 in line 2, above, did the organization's supported organizations have			AND ADDRESS OF THE PARTY.
	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			
entrantamental de la constanta	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	Ministration	alest telephone to the control of th	PROFESSIONAL SERVICES
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructic	ıns).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)	-	
2	Activities Test. Answer lines 2a and 2b below.	plintensdellationson	Yes	No
a	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			
h	that these activities constituted substantially all of its activities.	2a		
160	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 those activities but for the organization is position that its supported organization (s)			
3	have engaged in these activities but for the organization's involvement.	2b		
a	Parent of Supported Organizations. Answer lines 3a and 3b below.	i de la constanta de la consta		
-	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.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
**************************************	Too prayer by the digant and true of grant and the digant and the	1 24	. 1	

1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	gani	zations Lon Nov. 20, 1970 (ave	Join in Dart VII) Can
-	instructions. All other Type III non-functionally integrated supporting organ	izatio	ins must complete Sect	ions A through F
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1	Net short-term capital gain	11		(opaonar)
2	Recoveries of prior-year distributions	2	والمرابعة والمرا	
3	Other gross income (see instructions)	3	CANADA TAN ATAN MANANANANANANANANANANANANANANANANANAN	
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		and the same of th
6	Portion of operating expenses paid or incurred for production or collection	1	Colonia desirantia destantia desirativa del servica desirati della distributa di distributa di distributa distributa distributa di distributa di di	
	of gross income or for management, conservation, or maintenance of			
-	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	TT		(abaaisas)
altina and Dangelinean	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	and a final material access to the condition and access to the condition of the condition o	MANUSCO CONTRACTOR AND CONTRACTOR AN
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10	A MANAGEMENT CONTINUES AND CONTINUES CONTINUES AND A STATE OF THE ACTION AND ACTION ASSESSMENT AND ACTION ASSESSMENT AND ACTION ASSESSMENT ASSE	
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1101		
	(explain in detail in Part VI):			
2	Acquisition Indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
	see instructions).	4		pjermontere
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		and the state of t
6	Multiply line 5 by 0.035.	6		and the second section of the second section is a second section in the second section in the second section is
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	10		Current Year
4	Adjusted net income for prior year (from Section A, line 8, column A)	11	eller eller dis anne discret des construires des construires de la construire de la constru	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		NAMES OF THE PROPERTY OF THE P
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	13	NEISANISIA ANNOMININA ANNOMININA ANNOMININA ANNOMININA ANNOMININA ANNOMININA ANNOMININA ANNOMININA ANNOMININA P	and the second s
	emergency temporary reduction (see instructions).	6		ta a properties de la constant de la
7	Check here if the current year is the organization's first as a non-functional		Assault Tue III	Section 1
	(see instructions).	my IFR	egrated Type III suppor	ung organization

Part	V Type III Non-Functionally Integrated 509(a)(3	S) Supporting Organi	zations (continue	d)	raye i
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		en ander ette ett elle kom ette ett eller kom ette ett blev en ett ette eller ett ette ette ette ette
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.		entera la comita de comita de la	6	
7	Total annual distributions. Add lines 1 through 6.		AMERICA STATE OF THE STATE OF T	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
Notice and the last of the las	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6	AND SECURE TO SEA CONTRACTOR SEA CONTRACTOR SECURE TO SECURE TO SEA CONTRACTOR SECURE TO SECURE	004-0600m1000004-66600m100004-06400m100004-6640m100000-1-100	9	Standards 10 That Addition 10 That and the ST
10	Line 8 amount divided by line 9 amount		de distributiva de la secución de la completa de describados de la completa de la completa de la completa de l	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		MANAGEMENT CONTRACTOR AND	$\neg \uparrow$	
2	Underdistributions, if any, for years prior to 2023	and the state of t	and the committee and committee and the control of the committee and the committee a	-	et tit dan betit til direktion betit til dette findettillt i dette bokken i dette fin ette til med til den besiden.
	(reasonable cause required - explain in Part VI). See			digital delimination of	
facilities of the same of the	instructions.			- Annie Commenter of the Commenter of th	
3	Excess distributions carryover, if any, to 2023				
а	From 2018		HENDERHOLD STOREN STEEL COMMERCIAL COMMERCIAL COMPONENT	1	delenados de substituis de la compresión de adente substituis de discolar de la compresión
b	From 2019	CONTRACTOR AND	A ANDREAS AND	1	an Administration of the Commission of the Commi
C	From 2020			$\neg \dagger$	
d	From 2021		Alaid (18 a.). Mantings if the hand work owner of the American at the second allower in the second at the second	\dashv	ad distribution de management de monte de la contraction de la contraction de la contraction de la contraction
e	From 2022	A CONTRACTOR OF THE PROPERTY O			and a state of the contract of
f	Total of lines 3a through 3e		en alle de la companie de la compani	1	elektronista eta antaria tradistri eta selektronista en en eta ser eta
g	Applied to underdistributions of prior years	entre de trouve de travelle de l'activité de	the extra providence of the extra providing as a resolution to the extra providing as a resolution of the extra	1	e Annico estermento, a consisti sucione de unido estermente de la cidad de la compose de consisti de compose d La composição de la compo
h	Applied to 2023 distributable amount	ACCESS OF THE PROPERTY OF THE	de de constitution de decembra de l'imperior de descrite de la constitution de l'action de descrite de la cons	-	alk articular and a think and an articular and a transport of the second and a second a second and a second a
***	Carryover from 2018 not applied (see instructions)	nadia nikonamban (irinan arang kirina) na nika nadi ka Kirina ka mada mahinina nika nadi kirina kirina kirina ni	m félén a hIstorica micraella a la Cula Neca de Salama (m. de cadament si cha at e cad Indiana).	$\neg \dagger$	and a martine transfer and the section of a consequent transfer and transfer and a constitution of a constitution of a
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	THE PARTY OF THE P			CEANING CONTROL OF COMMENTS OF
4	Distributions for 2023 from	The billion of an employed and be also the billion of the second and an employed a second a second as the second a	il personale de l'ancient de l'a	7	alitan er retendi ki angenda terda tima er retenden an angenda pilang er an tella i sakera benda
*****	Section D, line 7: \$			Antonio	
а	Applied to underdistributions of prior years	ALL ACTION DE LA CALLES COMPANIES DE LA CALLE	ti di distributi di talan di sena di s	7	
b	Applied to 2023 distributable amount		ne dani ke mini manakan ke dalah kebanan kenangan menangan bahan pengan kebanah dan pengan kelalah dan pengan	1	
C	Remainder. Subtract lines 4a and 4b from line 4.	THE RESIDENCE OF THE PARTY OF T	CONTACTOR SOCIALISMA ACTIA PRINCE POLICIA SILVERALISMA	1	netaaliitiinikuunikaa ankiraa markaa iskiinika tortaasiitinika jadaa iliinka, ya kaa estineja;
5	Remaining underdistributions for years prior to 2023, if		and the second section of the second section and second sections of the second section section and the second		in del la coltena con de coltena a la coltena de la coltena de la coltena del coltena del coltena del coltena d
	any. Subtract lines 3g and 4a from line 2. For result			gleingelgege	
NOTATION OF THE PARTY OF THE PA	greater than zero, explain in Part VI. See instructions.			- Anna September	
6	Remaining underdistributions for 2023. Subtract lines 3h	A CONTROL OF THE PROPERTY OF T	A CANADA CONTRACTOR AND	1	
	and 4b from line 1. For result greater than zero, explain in			Anabelina	
	Part VI. See instructions.			-	
7	Excess distributions carryover to 2024. Add lines 3		CARPER RECOVER THE RECOVERY AND THE CARPER CARPE		us maint for the first committee on the committee of the
Ameliada	and 4c.	erjanders anders anders anders anders anders and anders and			
8	Breakdown of line 7:		and the second section of the second	-	andre services and the commence of the control of t
a	Excess from 2019	a la coma meno sa casam ila meno sa casami minera a propriede del como il montro del como		-	oni anni a sa sinn tan maa sa anni anni anni aa
b	Excess from 2020				
Č	Excess from 2021				SEA THE RESIDENCE SHOULD SHOW SHOW SHOW AND ADDRESS SHOWS ASSESSED AND SHOULD SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW
d	Excess from 2022				inna Arta di jeni kamadara hida mihinna belan di jeni indonata i sa Ausen indonata i sa sa sa kamada i sa kalawa da
Auto-Santanana	Excess from 2023	erik eriketutkatun katatatat eta araz alaututua araz eta kettalian araz eta eta eta eta eta eta eta eta eta et	identellustada elimbella de labela elimbella e		distribution constitution constitution of security and constitution of the constitutio

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
Accompanion and a second	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Marie Committee of the	
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#### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Schedule of Contributors

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

PIEDMONT ENVIRONMENTAL ALLIANCE INC 74-3183083 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is chacked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

PIEDMONT ENVIRONMENTAL ALLIANCE INC

Employer identification number 74-3183083

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Wickelster HTTTOPA	DUKE ENERGY  500 UTILITY DR  CLEMMONS NC 27012	\$ 18,119	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ATRIUM WAKE HEALTH  MEDICAL CENTER BLVD  WINSTON SALEM NC 27157	\$ 5,000	Person 🔣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 Annianacconne	WELLS FARGO FOUNDATION  50 FAYETTEVILLE ST  RALEIGH NC 27601	\$15,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
diameter and an analysis	WINSTON-SALEM FOUNDATION 751 W 4TH ST STE 200 WINSTON SALEM NC 27101	\$35,750	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	VOLVO GROUP OF COMPANIES  7900 NATIONAL SERVICE RD  GREENSBORO NC 27409	\$ 8,500	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-6	CITY OF WINSTON-SALEM  101 N MAIN ST  WINSTON SALEM NC 27101	\$ 56,166	Person R Payroll D Noncash Complete Part II for noncash contributions.)

PIEDMONT ENVIRONMENTAL ALLIANCE INC

Employer identification number 74-3183083

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Wheelsteamichae	JAMES G HANES MEMORIAL FUND 480 SHEPHERD ST WINSTON SALEM NC 27103	\$ 15,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PIEDMONT FEDERAL SAVINGS BANK  201 S STRATFORD RD  WINSTON SALEM NC 27103	\$ 5,275	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Private donor	\$5,170	Person   Payroll   Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	FLOW SUBURU WINSTON-SALEM  485 SILAS CREEK PARKWAY  WINSTON SALEM NC 27127	\$5,000	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	KIDSSTREET URGEN CARE  680 S STRATFORD RD  WINSTON SALEM NC 27103	\$5,000	Person k Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
PIEDMONT ENVIRONMENTAL ALLIANCE INC	74-3183083
01. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF DIRECTORS REVIEW FORM 990 BEFORE SUBMISSION	and the second s
	anticadiodas disserbitivos (esp. prime) dimeste prime discolario de la colario de materiale de la colario de la co
02 CEO evecutive dimension	
02. CEO, executive director, top management comp (Part VI, line 15a)	
THE BOARD OF DIRECTORS APRROVE CEO COMPENSATION	
03. Other officer or key employee compensation (Part VI, line 15b	
THE BOARD OF DIRECTORS APPROVE ALL KEY EMPLOYEE SALARIES	
04. Governing documents, etc, available to public (Part VI, line 19)	
FORM 990 IS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.	

#### Form 8879-TE

#### IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

07-01 , 2023, and ending 06-30 , 2024

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN PIEDMONT ENVIRONMENTAL ALLIANCE INC 74-3183083 Name and title of officer or person subject to tax ALEC ROBINETTE, BOARD CHAIR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . . . b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . . 22 Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . An b Tax based on investment income (Form 990-PF, Part V, line 5). . . . . 5a Form 8868 check here . . . . Form 990-T check here . . . . 6a Form 4720 check here . . . . 72 b Total tax (Form 4720, Part III, line 1)......... b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . Form 5227 check here . . . . Form 5330 check here . . . . 92 Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the , (EIN) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only DAVID C. HINTON, X I authorize CPA PA to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PtN on the retum's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 10-24-2024 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 560667 51397 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DAVID C. HINTON, CPA ERO's signature 11-05-2024 Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990	Overflow Statement  (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return		FEIN
PIEDMONT EN	VIRONMENTAL ALLIANCE INC	74-3183083

Section Sectio	Description	Amount
estimate and	OFFICE EQUIPMENT & SUPPLIES	\$ 2.556
eniembelin	PRINTING & POSTAGE	587
enterent and a	WEBSITE FEES	350
Manny ements	Total:	3,493
showbarn's emergency	Total: S	3,493

Synthysisticity	Description	Amount
Solymore	ANNUAL PARTY	\$ 534
dirental	COMMUNITY ENGAGEMENT	G 553
goluwiskiste	ENVIRONMENTAL EDUCATION	17.926
Spinistration of the Contract	MARKETING	2,102
passinglaspennicum	Total: S	26,114

scription	Amount
MINISTRATIVE	\$ 3,940
ES AND SUBSCRIPTIONS	1 011
TABASE FEES	1 930
Total: \$	6,881

### Form 8879-TE

# IRS E-file Signature Authorization for a Tax Exempt Entity 23, or fiscal year beginning 07-01, 2023, and ending 06-30, 2024

For calendar year 2023, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	
	EIN or SSN
PIEDMONT ENVIRONMENTAL ALLIANCE INC	74-3183083
Name and title of officer or person subject to tax	The desired control of the second of the sec
ALEC ROBINETTE, BOARD CHAIR	
Part I Type of Return and Return Information	BARRICE BARRIES CONTRACTOR CONTRACTOR AND A STORY CONTRACTOR CONTR
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), lin	e 12) 1b 320,119
2a Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)	ment Calmond Himmed and Coloric Solid Soli
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	то по
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	86
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here D b Amount of credit payment requested (Form 8038-CP, I	Part III. line 22) . 10b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
The state of the s	
Onder penalties of perjury, I declare that	