FORM 990-T PUBLIC INSPECTION COPY

Form	990-T	[	Exempt Organization Business In (and proxy tax under section	ncon	ne Tax Retui	rn	OMB No. 1545-0047
	For calendar year 2023 or other tax year beginning, and ending						2023
	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and not enter SSN numbers on this form as it may be made public	the late	est information.	,	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization ( Check box if name changed and see				mployer identification number
B E	xempt under section	Print	Piedmont Park Conservancy, Ir				58-1551369
	]501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instruction			E G	roup exemption number
	408(e) 220(e)	Type	P.O. Box 570355			(S	ee instructions)
	408A530(a)		City or town, state or province, country, and ZIP or foreign postal	code			
L	529(a)529A		Atlanta, GA 30357-0795			F _	Check box if
			ok value of all assets at end of year		14,573.		an amended return.
G (	Check organization t	type	X 501(c) corporation 501(c) trust 401(a) t 6417(d)(1)(A) Applicable entity	rust	Other trust	State	e college/university
H (	Check if filing only to	claim	Credit from Form 8941 Refund shown on F	orm 2/30	Elective navm	ent am	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding				
JE	nter the number of	attach	ed Schedules A (Form 990-T)	g corpore	MOTI		1
			e corporation a subsidiary in an affiliated group or a parent-				Yes X No
			d identifying number of the parent corporation				
	he books are in car		Carol Wright	Te	lephone number	(404	4)875-7275
Par			d Business Taxable Income				
1	Total of unrelated	busine	ess taxable income computed from all unrelated trades or b	usinesse	s (see instructions)	1_	0.
2							
3	Add lines 1 and 2					3	
4			(see instructions for limitation rules)				0.
5			taxable income before net operating losses. Subtract line				
6 7			ing loss. See instructions			6	
′	Subtract line 6 fro		ess taxable income before specific deduction and section 1			7	
8			5 rally \$1,000, but see instructions for exceptions)			8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions		***************************************	9	1,000.
10	Total deductions	. Add li	nes 8 and 9			10	1,000.
11	Unrelated busine	ss tax	able income. Subtract line 10 from line 7. If line 10 is greate			11	0.
Par	t II Tax Comp	outati	on				
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)			1	0.
2			ates. See instructions for tax computation. Income tax on				
			Tax rate schedule or Schedule D (Form 1041)			2	
3	Proxy tax. See ins		***************************************				
4			nstructions				
5 6	Tax on noncompl	iiii tax iont fo	cility income. See instructions			5	
7			h 6 to line 1 or 2, whichever applies			7	0.
-	t III Tax and F						<u> </u>
1a	Foreign tax credit	corpor	ations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see						
С	General business	credit.	Attach Form 3800 (see instructions)				
d			num tax (attach Form 8801 or 8827)			_	
е	Total credits. Add		•			1e	
2			t II, line 7			2	0.
3a	Amount due from I		6.4.4			4	
b	Amount due from F		202			-	
c C	Amount due from F		000			+	
d	Amount due from F Other amounts due					-	
e f		•	nes 3a through 3e		<u> </u>	3f	0.
4			I 3f (see instructions). Check if includes tax previously			31	<u> </u>
•			amount here			4	0.
5			y paid from Form 965-A, Part II, column (k)			5	0.
LHA I			Act Notice, see instructions. 323701 11-20-23				Form <b>990-T</b> (2023)

Form 9	990-T (2023)					D
	III Tax and Payments (continued)					Page :
6 a	Payments: Preceding year's overpayment credited to the current year	6a				
b	Current year's estimated tax payments. Check if section 643(g) election	<u>ba</u>		-		
-	applies	☐ 6b				
С	Tax deposited with Form 8868			1		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		1 1		
e	Backup withholding (see instructions)		-	1		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		-		
g g	Elective payment election amount from Form 3800					
h	Payment from Form 2439					
i	Credit from Form 4136	6i				
i	Other (see instructions)	6i				
7	Total payments. Add lines 6a through 6j			7		
8	Fatimental tay appells (and instanctions) Object (F. C.			8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	naid		10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Julu	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Informa	tion (see			-	
1	At any time during the 2023 calendar year, did the organization have an interest in o				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the				1.00	1.15
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th					
	here		,			x
2	During the tax year, did the organization receive a distribution from, or was it the grain	ntor of, o	r transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$		L. Liter	
4			ny post-2017 NOL car	ryover	100	LA-
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any dedu	ction reported on Par	t I, line 6.	944	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	7 NOL ca	rryovers. Don't reduc	е		High-
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 fo	r the tax	year. See instructions	4.		
	Business Activity Code	Avai	lable post-2017 NOL	carryover		
	\$	3				×
	\$	3				8 1
	\$	3				
	\$	3				
6 a	Reserved for future use					
	Reserved for future use					
Part \	Supplemental Information					

	A									-
Sign	Under penalties of perjur correct, and complete. D	y, I declare that I have examir eclaration of preparer (other th	ed this return, including accompa nan taxpayer) is based on all inform	nying schedules nation of which p	and statements, and to preparer has any knowle	the best of my ledge.	knowle	edge and belief,	it is true,	
Here	Signature of officer		Date President and O		CEO the		May the IRS discuss this return with the preparer shown below (see structions)? X Yes No			
	Print/Type prepar	er's name	Preparer's signature		Date	Check	if	PTIN		
Paid Preparer	ANN M. T	HOMPSON	auum. Thou	aun. Thoughou 3/20/2024		self-employe	ed	P0071	.9770	
Use Only	Firm's name	Firm's name JONES AND KOLB						58-17	63570	
		3475 PIED	MONT ROAD NE,	SUITE	1500					
	Firm's address ATLANTA, GA 30305					Phone no.	(4	04)262	-7920	

Form **990-T** (2023)

## SCHEDULE A (Form 990-T)

## **Unrelated Business Taxable Income From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization Piedmont Park Conservancy, Inc.					B Employer identification number 58–1551369			
c	Unrelated business activity code (see instructions) 90000	<b>D</b> Sequence	D Sequence: 1 of 1					
E	Describe the unrelated trade or business N/A							
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Ne	t	
1 a	Gross receipts or sales		**************************************					
b	Less returns and allowances c Balance	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a						
b		4b			····			
c	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7					·····	
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11					***************************************	
12	Other income (see instructions; attach statement)	12					***************************************	
13	Total. Combine lines 3 through 12	13	0.					
Pa	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	ncome	)		luctic	ons must be		
1	Compensation of officers, directors, and trustees (Part X)				1			
2	Salaries and wages	• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2			
3	Repairs and maintenance				3			
4	Bad debts	· · · · · · · · · · · · · · · · · · ·			4			
5	Interest (attach statement). See instructions				5			
6	Taxes and licenses				6			
7	Depreciation (attach Form 4562). See instructions							
8	Less depreciation claimed in Part III and elsewhere on return				8b			
9	Depletion				9			
10	Contributions to deferred compensation plans				10			
11	Employee benefit programs				11			
2	Excess exempt expenses (Part VIII)				12			
13	Excess readership costs (Part IX)				13			
4	Other deductions (attach statement)				14	***************************************		
15	Total deductions. Add lines 1 through 14				15		0.	
	Unrelated business income before net operating loss deduction. Su		•	· ·			_	
	column (C)				16		<u>0.</u>	
7	Deduction for net operating loss. See instructions				17		0.	
8	Unrelated business taxable income. Subtract line 17 from line 16				18			

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

0.

10

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

Part	t VI Interest, Ann	ء uities, R	ovalties, and R	ents Fr	om Contr	olled (	Organizatio	ns (s	ee instruc	tions)		Page 3
				T			Exempt Contro				***************************************	
	Name of controlled organization		2. Employer identification number	fication income (loss) payments		al of specified ments made	of specified 5. Part of col		ed in the connerganiza-		ctions directly ected with in column 5	
(1)					· · · · · · · · · · · · · · · · · · ·							
(2)											**********	
(3)	~~~											
(4)		<del></del>						<u> </u>				
		·		<del></del>	Controlled O		tions					
7	7. Taxable Income	in	Net unrelated come (loss) e instructions)	1	otal of specif syments mad		that is inc	luded	in the zation's		connect	ons directly ed with column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here a line 8, co	and on	Part I, (A).	Ente	r here ar	s 6 and 11. nd on Part I, umn (B).
Totals Part	VII Investment	ncome	of a Section 50	1(0)(7)	(Q) or (17)	Orga	nization (a		0.			0.
ı uı ı		ription of i		1(0)(1),	2. Amour		3. Deduction			asides	5 Tot	al deductions
					incom		directly conne (attach stater	ected	(attach s		t) and	l set-asides cols 3 and 4)
(1)	***		***************************************									
(2)												
(3)												
(4)					Add amou	nto in					Ada	I amounts in
					column 2. here and or line 9, colur	Enter Part I,					colu here	umn 5. Enter and on Part I, ), column (B).
Totals						0.						0.
Part	VIII Exploited Ex	kempt A	ctivity Income,	Other	Than Adve	ertisin	ig Income (s	ee ins	tructions	j		
1	Description of exploite	d activity:_		***************************************			E-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
2	Gross unrelated busine	ess income	from trade or busir	ness. Ente	er here and or	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly conr		•									
	line 10, column (B)									3		
4	Net income (loss) from						9 , ,					
_	lines 5 through 7			· · · · · · · · · · · · · · · · · · ·						4	······································	
5	Gross income from act									5		
6	Expenses attributable t									6		
7	Excess exempt expens			, but do h	ot enter more	ınan tr	ie amount on li	i ie		-,		

Schedule A (Form 990-T) 2023

Scher	dule A (Form 990-T) 2023				. 1
Part					Page 4
1	Name(s) of periodical(s). Check box if repor	ting two or more periodicals on	a consolidated bas	is.	
	A				
	B				
	D				
Enter	amounts for each periodical listed above in the	as corresponding column			
	amounto for each periodical asted above at the	A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and o				0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and o	on Part I, line 11, column (B)		***************************************	0.
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	1			
	lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less tha				
	line 5, subtract line 6 from line 5. If line 5 is l				
_	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the		otal or -0- here and o		·. · · · · · · · · · · · · · · · · · ·
_	Part II, line 13				0.
Part .	X Compensation of Officers, D	irectors, and Trustees	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2) (3)				% %	
(4)				%	
···		1		70	
Total.	. Enter here and on Part II, line 1	***************************************			0.
Part 2	XI Supplemental Information (se	ee instructions)			
				***************************************	
				V	
		5.00			

## **Alternative Minimum Tax-Corporations**

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Name

Attach to your tax return. Go to www.irs.gov/Form4626 for instructions and the latest information.

Na	me				Emple	oyer identifica	ition number
	Piedmont Park Conservancy, Inc.					58-155	1369
Α	Is the corporation filing this form a member of a controlled group treated as a single					Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, an						
	statement income or loss for each member of the controlled group treated	d as a s	single employer taken	into			
	account in the determination of "applicable corporation" under section 59	(k)(1)(E	0).				
В	Is the corporation filing this form a member of a foreign-parented multinational grounds.	up (FPN	1G) within the meaning o	f section 59(k)(2)	)(B)?	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, an	d sepa	rate company financia	al			
	statement income or loss for each member of the FPMG under section 59	(k)(2)(E	3).				
P	art I Applicable Corporation Determination (Report all an						
	If you have already determined in current or prior years you are an	applica	able corporation, skip	Part I and conti	nue to	Part II.	
			(a) First Preceding	(b) Second Pre	ecedin	g (c) Third f	Preceding
			Year Ended	Year End	ed	Year	Ended
		_					
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	1a					
b				-			
	net income and subtract net loss)	1b					
С							***************************************
	loss and subtract net income)	1c					
d		1d					
e	Specified additional net income or loss item B. Reserved for future use	1e	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
f	AFS net income or loss of all entities in the test group before						
•	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:	<b></b>				1	***************************************
ے a	Cinamaial atatamenta agreeina different tourress	2a					
	Corporations that are not included on the taxpayer's consolidated	20			***************************************		
D		2b					
_	return (see instructions)  Pro-rata share of net income from controlled foreign corporations for	20	·				<del></del>
C	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	•	0-					
.,	(see instructions for special rules if completing this form for an FPMG)	2c					
a	Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)						
_	,	2d					
e	Certain taxes (see instructions)	2e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************
T	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
-	Alaska native corporations	2g	***************************************				
_	Certain credits (see instructions)	2h					
	Mortgage servicing income	2i				-	
j	Tax-exempt entities (organizations subject to tax under section 511)	2j				<del> </del>	
k	Depreciation	2k					
1	Qualified wireless spectrum	21					
m	Covered transactions	2m					
	Adjustments related to bankruptcy and insolvency	2n					
	Certain insurance company adjustments	20				<u> </u>	
•	Adjustment P - Reserved for future use	2p					
•	Adjustment Q - Reserved for future use	2q					
	Adjustment R - Reserved for future use	2r					
s	Adjustment S - Reserved for future use	2s					
Z	Other (see instructions)	2z				ļ	
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
	AFSI. Combine lines 1f and 4	5			<del> </del>		
3	AFSI of first, second, and third preceding tax years. Combine columns (a),	(b), ar	id (c) of line 5		6		
7	3-year average annual AFSI (see instructions)				7		

Part	t I Applicable Corporation Determination (Report all amou	nts in U.S	. dollars.) (continue	d)	
8	Is line 7 more than \$1 billion?	****	/ 1		
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	9(k)(2)(B)?	)		
	Yes. Continue to line 10.	( ) ( )			
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	45016	10a			
b	Aggregation differences (see instructions)	10b			
С	T				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	. 11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	. 11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	. 12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	. 13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a)	, (b), and	(c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					Form <b>4626</b> (2023)

For	n 4626 (2023)		Page <b>3</b>
Pa	art II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a		1a	-1,000.
t		1b	
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
	Adjustment for certain consolidating entries (see instructions)	1d	
e	Specified additional net income or loss item D. Reserved for future use	1e	······································
f	AFO 11	1f	-1,000.
2	Adjustments:		
а	Financial statements covering different tax years	2a	
b			
С		2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships		
е	The second secon		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
-	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations		
i	Certain credits (see instructions)	2j	
k	Mortgage servicing income	2k	
ï	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	21	
n	Depreciation		
	Qualified wireless spectrum	2n	
p	Covered transactions	20	
q	Adjustments related to bankruptcy and insolvency	2p	
r	Certain insurance company adjustments	2q	
-	AFOL - disentence to Decree of Co.	1 1	
t	AFOL -disabased T. Daniel d. C.		
		1 1	
		1 1	
3		1 1	
4	Total adjustments. Combine lines 2a through 2z  AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	. 3	1 000
5	Financial statement net operating loss (FSNOL) (see instructions)		-1,000.
6	AFS) Subtract line 5 from line 4. If zero or local contex 0.	. 5	
7	AFSI. Subtract line 5 from line 4. If zero or less, enter -0- Multiply line 6 by 15% (0.15)	1 1	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
9			
	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)		
10	Regular tax liability (see instructions)		
11 12	Base erosion minimum tax (see instructions)  Combine lines 10 and 11		
	Combine lines 10 and 11  Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter ·0·. Enter here and on Form	. 12	
13			
Par	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return  t III Adjustment for Certain Taxes Under Section 56A(c)(5)	.   13	
	Current income tax provision - Foreign		
	Current income tax provision - Federal		
3	Deferred income tax provision - Foreign	1	
	Deferred income tax provision - Federal		
	Income taxes included in equity method investment income		
	Adjustment A - Reserved for future use	1	
	Adjustment B - Reserved for future use		
	Adjustment C - Reserved for future use		
	Adjustment D - Reserved for future use		
	Adjustment E - Reserved for future use		
	Adjustment F · Reserved for future use		***************************************
_	Adjustment G · Reserved for future use		
	Adjustment H - Reserved for future use		
	Income taxes in other places	1 1	
7	Total, Combine lines 1 through 6z, Enter here and on Part II, line 2g	7	

Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credit		
Sec	ction I - AMT Foreign Tax Credit		
1	Domestic corporation AMT foreign income taxes:		
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,		
	Part I, column 2(j)		
b			
С	Adjustment 1c		
d			
е			
f	Adjustment 1f		
g	Adjustment 1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g	2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:		
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line		
	11, column (n) 3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))		
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b	3c	
d	Percentage specified in section 55(b)(2)(A)(i)  3d	15%	
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach		
	worksheet) (see instructions)		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)	3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)	3g	
4	CAMT FTC Line 4 - Reserved for future use	4	
5	CAMT FTC Line 5 · Reserved for future use		
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8		