

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

_		londar year 2015 or tax year be	ginning		0	7/01 , 2015	<u>, and endin</u>				30,2016
		of foundation						^	Employer identif		er
_		DMONT W WAYNE WOODY FO							47-472199		
٨	lumbe	er and street (or P O box number if mail is	not delivered	to street address) Room/suite B Tele			Telephone numb	Telephone number (see instructions)			
							i	}			
		95 JOHNS CREEK PARKWAY					350		(404) 87	2-8158	
C	ity or	town, state or province, country, and ZIP	or foreign post	tal code							
								C	If exemption application pending, check here	ation is	▶∟
	JOH	NS CREEK, GA 30097									
G	Che	ck all that apply Initial re	turn		Initial return	of a former p	oublic charit	Уρ	1 Foreign organiza	tions, check here	,, , ▶[]
		Final re	turn	L	∐ Amended re	turn		- {	2 Foreign organiza		e
_		Address	change		Name chang	je			85% test, check l computation		▶∐
Н	Che	ck type of organization X Se	ction 501(c <u>)(3)</u> e	xempt private	foundation		_	If private foundatio		
Γ	s	ection 4947(a)(1) nonexempt charit	able trust _		other taxable p	rivate founda	tion	_] ~	under section 507(b		
ī	Fair	market value of all assets a	J Accor	unting	method C	ash X Acc	rual	F	If the foundation is		
	end	of year (from Part II, col (c), line	Ot	her (s	pecify)			1.	under section 507(b		1 1
		▶ \$ 279,595.	1 —		d) must be on ca	sh basis)		_			
E		Analysis of Revenue and Exp	enses (The	(0)	Payonus and	1					ursements
المنه		total of amounts in columns (b), (c),	and (d)		Revenue and openses per	(b) Net inve		(c)	Adjusted net		arıtable
		may not necessarily equal the amo column (a) (see instructions))	unts in	3,	books	incon	ne		ıncome		ooses asıs only)
	1	Contributions, gifts, grants etc., received (attack	s echadule)		250,000]				,50011 51	
}	1	if the foundation is not	required to			 				 	
		attach Sch B				 				 	
	3	Interest on savings and temporary cash i			8,129	 	8,129.			 	
	4	Dividends and interest from securiti	Ī		0,129	· 	0,123.			 	
	5a	Gross rents	Г							 	
-	b	Net rental income or (loss)				ļ				 	
9	6a b	Net gain or (loss) from sale of assets not	on line 10							ļ <u>.</u>	
6	ь	Gross sales pnce for all assets on line 6a				ļ				<u> </u>	
Revenue	7	Capital gain net income (from Part I	V, line 2) .				0.			<u> </u>	
œ	8	Net short-term capital gain	[<u> </u>	·—·
	9 10 a	Income modifications			· · · · · · · · · · · · · · · · · · ·						
- }	b	Less Cost of goods sold .									
Ì		Gross profit or (loss) (attach schedu	e)								
	11	Other income (attach schedule)									
Į.	12	Total Add lines 1 through 11			258,129.		8,129.				
	13	Compensation of officers, directors, trust			0.	<u> </u>					
	14	Other employee salaries and wages						EC	EIVED		
enses	15	Pension plans, employee benefits	r		·	1	00			igi —	
		Legal fees (attach schedule)				 		FR	0 6 2017	8	
and Administrative Exp						 		<u></u>	V U (UI/	<u></u>	
ē	b	Accounting fees (attach schedule)	1		156.	 	156			2	
၌	_ C	Other professional fees (attach sche				 	156()(3D	EN, UT	++	
ř	17	Interest	ſ			-				-	
·≌	18	Taxes (attach schedule) (see instruc				 					
Ξ	19	Depreciation (attach schedule) and	- 1							 	
밁	20	Occupancy	- 1			 			 _	 	
١	21	Travel, conferences, and meetings .	<i></i> [_				ļ	
ä	22	Printing and publications									
5	23 Other expenses (attach schedule)				-						
Operating	24	Total operating and administrative	expenses.			Į.					
5		Add lines 13 through 23	[156.	L	156.				
Ö	25	Contributions, gifts, grants paid	[8,700.						8,700
	26	Total expenses and disbursements Add line	ſ		8,856.		156.				8,700
_	27	Subtract line 26 from line 12								1	
İ		Excess of revenue over expenses and disburs	ements		249,273.	1	İ			1	
		Net investment income (if negative	۲				7,973.			<u> </u>	
		Adjusted net income (if negative, e	·							 	
ᆜ		perwork Reduction Act Notice, see							rAr	Form QQ	0-PF (2015)
1410	1 000	8284LO 1712							924	rom Ja	PAGE

PAGE 4

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

277,866.

E	Part IV Capital Gains	s and Losses for Tax on Inv	vestment Income			- age
_	• •	l (e.g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold	
_	2-story b	orick warehouse; or common stock, 20	0 shs. MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo., day, yr)
18	<u>1</u>			 		
	<u> </u>			 		
	<u> </u>			ļ		
_	<u>:</u>			 		
_	<u> </u>	r		 		L
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_ &	<u> </u>			ļ		
_k)			 		
_	<u> </u>	<u> </u>		 		
	1			 		
		showing goin in column (b) and own	and by the foundation on 12/21/60	 		
_	Complete only for assets	showing gain in column (h) and own			Gains (Col (h) ga	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), ıf any	COI.	(k), but not less to Losses (from co	
_a	l				_ 	
_t) <u> </u>			<u> </u>		
c				ļ		
_c	·		 			
_e		L		 		
2	Capital gain net income	Or (not canital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3		ain or (loss) as defined in sections				
			structions). If (loss), enter -0- in	1		
_		 		3		
Р	art V Qualification L	Under Section 4940(e) for Re	educed Tax on Net Investment In	ncome		
(F	or optional use by domestic	c private foundations subject to th	ne section 4940(a) tax on net investr	ment incon	ne)	
IT S	section 4940(d)(2) applies,	leave this part blank.				
			butable amount of any year in the ba	ase period	?	Yes No
<u>lf "</u>		not qualify under section 4940(e)				
1		nount in each column for each yea	ar; see the instructions before making	g any entri		
С	(a) Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rat col (b) draded by (
	2014					
_	2013					
	2012					
	2011					
	2010					
2				2		
3	•	•	de the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if le	ss than 5 years	3		
4	Enter the net value of nor	ncharitable-use assets for 2015 fi	rom Part X, line 5	4		
			}	_ }		
5	Multiply line 4 by line 3.			5		
	Enter 10/ of not investme	ent income (49) of Bort I line 27h)		6		
6	Enter 1% of het investme	ant moorne (1% of Part I, line 27b)				
7	Add lines 5 and 6			7		
•	Add miles o dila o . , , .				 	
8	Enter qualifying distribution	ons from Part XII. line 4		8		
-	If line 8 is equal to or gree Part VI instructions	eater than line 7, check the box	in Part VI, line 1b, and complete the	hat part us	sing a 1% tax	rate. See the

** TOTAL PAYMENT IN THE AMOUNT OF **\$162** TO INCLUDE INTEREST FOR 3 MONTHS AT A RATE OF \$.80(0.5% OF \$159) PER MONTH.

Pa	rt VII-A Statements Regarding Activities (continued)	21771	<u></u>	ugo
11		T	Yes	No
•	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).		{ }	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)		}	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
	Website address WWW.PIEDMONTREIT.COM		<u> </u>	
14	The books are in care of ▶ LAURA MOON Telephone no ▶ 770-41	8-880	0	
	Located at ▶ 11695 JOHNS CREEK PARKWAY, STE 350 JOHNS CREEK, GA ZIP+4 ▶ 30097			
15	10.17(.)(4)			Γ^{-1}
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authori	tv	Yes	No
	over a bank, securities, or other financial account in a foreign country?			X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No		4 - Y	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
р	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	3.3		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	A 255000 100	X PSt.:
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2015?	1c	COLUMN 16	X SST
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		744	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years		3.0	
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	the providence of contain to legacy and coming appared to any of the years here	4.		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
-	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or			
_	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2015)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	_	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
	Fo	m 990	PF (2	015)

3 Five highest-paid independent contractors for professional serv	ices (see instructions). If none, enter "NON	 E. "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		ļ
		ļ
		,
-t-l		
otal number of others receiving over \$50,000 for professional services.	······	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re		Emonsos
organizations and other beneficianes served, conferences convened, research papers produc	ed, etc	Expenses
1 N/A		'
2		
3		
_ 		
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax		Amount
1 NONE		
2		
,		
All other program-related investments See instructions		·
3 NONE		
otal. Add lines 1 through 3	<u> </u>	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	1 1	
а	Average monthly fair market value of securities	1a	157,262
b	Average of monthly cash balances	1b	21,479
С		1c	
d	Total (add lines 1a, b, and c)	1d	178,741.
е	Reduction claimed for blockage or other factors reported on lines 1a and	}.	
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	3	178,741.
4		1 1	
	instructions)	4	2,681.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	176,060.
6	Minimum investment return. Enter 5% of line 5	6	8,803.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ► and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	8,803.
2 a	Tax on investment income for 2015 from Part VI, line 5 2a 159.		
b	Income tax for 2015. (This does not include the tax from Part VI.)]	
c	Add lines 2a and 2b	2c	159.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,644.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4,	5	8,644.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	8,644.
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,700.
	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	8,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	8,700.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating wh	ether the foundation

Form 990-PF (2015)

P	art XIII Undistributed Income (see instr	uctions)			
	Distributable amount for 2015 from Part XI.	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
'	line 7				8,644.
2	Undistributed income, if any, as of the end of 2015				1
-	a Enter amount for 2014 only				
	b Total for prior years 20 13 ,20 12 ,20 11				
3	Excess distributions carryover, if any, to 2015				
	a From 2010			i	·
	b From 2011		,	1	
-	c From 2012				
	d From 2013			• •	
	e From 2014			li:	Ì
	Total of lines 3a through e		<u> </u>		
4	Qualifying distributions for 2015 from Part XII, line 4. \$8,700.				
	a Applied to 2014, but not more than line 2a				
1	b Applied to undistributed income of prior years (Election required - see instructions)				
•	Treated as distributions out of corpus (Election required - see instructions)			 	
	d Applied to 2015 distributable amount		. 1		8,644.
	Remaining amount distributed out of corpus	56.			
5	Excess distributions carryover applied to 2015.				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
ē	a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	56.			ļ
t	Prior years' undistributed income Subtract			4	
,	line 4b from line 2b				
`	income for which a notice of deficiency has	Ì			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
C	Subtract line 6c from line 6b. Taxable amount - see instructions			,	
e	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount - see instructions				
,	Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2016,				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)			,	
9	Excess distributions carryover to 2016.		-		
	Subtract lines 7 and 8 from line 6a	56.			
	Analysis of line 9		j		
	Excess from 2011	İ			
	Excess from 2012			,	
	Excess from 2013				
	Excess from 2014 56.			ļ	
<u>e</u>	Excess from 2015				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

JSA 5E1490 1 000

factors.

Part XV Supplementary Information	ing the Year or Annr	oved for	Future Payment	
3 Grants and Contributions Paid During Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of great or	
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	0.0000000000000000000000000000000000000			
•				
ATCH 5	1		}	}
	j	}		
		1		
				1
		į		
		Į.		
		Į.		
		}		
		1	}	1
			†	1
		ì	1	
			1	
		Ì		
		ł		!
			<u> </u>	
		ľ	1	
		ļ	ļ	
			}	
			1	-
			<u> </u>	
Total	<u> </u>		▶ 3a	8,700
b Approved for future payment				
			}	
			į.	
	 			
	}			
Total	<u> </u>		L	
Total	<u></u>		▶ 3b	

Page **12**

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities		_	
	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	service revenue	Business code	Amount	Exclusion code	1	function income (See instructions)
			 	 	 	
				 		
			 			
			 	 	 	
				 	 	
f		ļ		 	 	
•	and contracts from government agencies			+		
	ship dues and assessments			+		
	n savings and temporary cash investments			14	8,129.	
	Is and interest from securities			†		
	al income or (loss) from real estate		```	 	 	
	-financed property			 		
	lebt-financed property					
	I income or (loss) from personal property.					
	vestment income			 		
	oss) from sales of assets other than inventory			 		
	me or (loss) from special events · · ·			 	 	
	ofit or (loss) from sales of inventory			 		
	venue. a			 	 	
			 	 		
			 	 		
				-		
e	Add columns (b), (d), and (e)			 	8,129.	
	Id line 12, columns (b), (d), and (e)					8,129.
	eet in line 13 instructions to verify calci					0,123.
Part XVI-			ccomplishment of E	xempt Puri	poses	
Line No. ▼	Explain below how each activity accomplishment of the foundation					
						

Form 9	90-PF (2015)	PIEDMONT	W WAYNE WO	ODY FOUN	DATION		47-472	1991	Pa	ge 13
Part	XVII	Information R Exempt Orga		insfers To ar	nd Transac	tions an	d Relation	ships With Non	chari	table	•
1 [Old the	e organization direc	tly or indirectly	engage in any o	of the followi	ng with ar	ny other orga	anization described		Yes	No
		tion 501(c) of the Co	ode (other than	section 501(c)(3) organizatio	ons) or in s	section 527,	relating to political		'	
	_	zations?							}		
		ers from the reporting	_							}	
(1) Ca	sh		• • • • • • • •				• • • • • • • • • • •	1a(1)		_ <u>x</u>
		ner assets					• • • • • • •		1a(2)		_ <u>X</u>
		transactions.	naharitabla ayan	ant argonization							37
,	1) Oa 2) Du	les of assets to a no rchases of assets fr	om a noncharita	hle evernt orga				• • • • • • • • • • • • •	10(1)		$\frac{x}{x}$
,	2) Pe	ntal of facilities, equ	inment or other	assets	*112ation				1		$\frac{\Lambda}{X}$
7	4) Re	ımbursement arrang	ements						1b(3)		$\frac{x}{x}$
ì	5) Lo	ans or loan guarante	es						15(5)		- <u>x</u>
ì	6) Pe	rformance of service	es or membersh	ip or fundraising	solicitations				1b(6)	$\neg \neg$	<u>x</u>
c S	, Sharin	g of facilities, equipr	ment, mailing list	s, other assets,	or paid emple	yees .			1c		x
		answer to any of th								air m	arket
٧	alue o	of the goods, other	assets, or service	es given by the	e reporting f	oundation.	If the found	ation received less	than t	fair m	arket
	alue i	n any transaction o	r sharing arrang	ement, show in	column (d)	the value	of the goods	, other assets, or s	ervices	rece	ived.
(a) Line	e no	(b) Amount involved	(c) Name of n	oncharitable exempt	organization		cription of trans	fers, transactions, and shai	ng arra	ngemer	ts
		N/A	ļ			N/A					
			ļ			-					
						-					
			 			 					
	\rightarrow		 					 			
			 			+					
						+	-				
			 			- -					
	-+		 			+					
	-+		 			+					
	-+					+	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
	-+		 	-		 					
	$\neg +$					 					
	_					†		·			
	$\neg \uparrow$					1					
đ	escrib	foundation directly of ed in section 501(c) " complete the follow	of the Code (ot)						Ye:	s X	No
		(a) Name of organization	·	(b) Type	of organization		(6) Description of relationsh	nip		
						· · · · · · · · · · · · · · · · · · ·					
						 -					
											
	Under	penalties of perjury, I decla	re that I have examine	ed this return, including	o accompanying	schedules and	statements, and to	the hest of my knowledge	and had	ind it in	tore
		and complete Declaration of							and Del	iei, it (S	aue,
Sign Here	Sign	ature of officer or trustee	MODI		6/17	Title	asure	May the IRS with the prep (see instructions)	parer sh	own be	
	Ĺ	Daniel Transaction of the Control of		December			I Date :	┍╌╌╌┈╸ ╌╌┯╌┯╌			_
Paid		Print/Type preparer's nar		Preparer's signal	lure		Date /	Cieck [ii]	אר		
. a.a. Prepa		LAURA A COLLIN		\perp	-6//		1/25/1		0000		
-			MG LLP	ENTE OF C	ITOR 400			Firm's EIN ► 13 - 55	520	7	
Use C	יחוץ	Firm's address > 30	O NORTH GRE	ene st., st	JITE 400						

27401

Form 990-PF (2015)

336-275-3394

GREENSBORO,

NC

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization ' Employer identification numb					
PIEDMONT W WAYNE WO	ODY FOUNDATION	47 4723003			
Organization type (check or	e).	47-4721991			
Eilora of:	Section:				
Filers of:	Section.				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a priva	te foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private fo	oundation			
	501(c)(3) taxable private foundation				
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, cor or property) from any one contributor. Complete Parts I and II. See inst				
Special Rules					
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form id that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line attons of the greater of (1)			
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filling 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, 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 checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not first answer "No" on Part IV, line 2, of its Form 990; or check the box on It of certify that it does not meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ or on its			

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	organization PIEDMONT W WAYNE WOODY FOUNDATION	DN	Employer identification number 47-4721991
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PIEDMONT OFFICE REALTY TRUST, INC 11695 JOHNS CREEK PARKWAY JOHNS CREEK, GA 30097	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	•		Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

8284LO 1712

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization PIEDMONT W WAYNE WOODY FOUNDATION

picyei	ruentineation number
	47-4721991

Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eeded.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_	
	\ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) \$ Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions) \$ Description of noncash property given (c) FMV (or estimate) (see instructions) \$ (c) FMV (or estimate) (see instructions)

, Schedule B	(Form 990, 990-EZ, or 990-PF) (2015)			Page
Name of o	organization PIEDMONT W WAYNE WOODY	FOUNDATION		Employer identification number
	Fating the state of the state of			47-4721991
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organizatio contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any on ns completing Part year. (Enter this in	one contributor. t III, enter the tota formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I				
		(e) Transfe	er of gift	
	Transferee's name, address, and	ZIP + 4	Relation	onship of transferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfe		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	L
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
	I.	1		

47-4721991

ATTACHMENT 1

8284LO 1712

1	고 되 고 S
	PROFESSIONAL
1	OTHER
	ì
(-
1	PART
1	OKM BUDEF,
	OKE

NET INVESTMENT INCOME	150.	156.
REVENUE AND EXPENSES PER BOOKS	150.	156.
		TOTALS
DESCRIPTION	INVESTMENT MANAGEMENT BANK FEES	

ATTACHMENT 2

- CORPORATE STOCK PART II FORM 990PF,

DESCRIPTION

STOCK

TOTALS

ENDING BOOK VALUE

ENDING

277,866.

277,866.

277,866. 277,866. ATTACHMENT 2 PAGE 22

47-4721991

ATTACHMENT	3

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

UNREALIZED GAIN

28,593.

TOTAL

28,593.

47-4721991

COMPENSATION	.0	0.	.0	.0	· o
TITLE AND AVERAGE HOURS PER	DIRECTOR, PRESIDENT	VICE PRESIDENT	DIRECTOR	TREASURER	SECRETARY
WEEK DEVOTED TO POSITION	.50	.50	.50	.50	.50
NAME AND ADDRESS	DONALD A MILLER	ROBERT E BOWERS	LISA S TYLER	LAURA P MOON	THOMAS MCKEAN
	11695 JOHNS CREEK PARKWAY	11695 JOHNS CREEK PARKWAY	11695 JOHNS CREEK PARKWAY	11695 JOHNS CREEK PARKWAY	11695 JOHNS CREEK PARKWAY
	350	350	350	350	350
	JOHNS CREEK, GA 30097				

PIEDMONT W WAYNE WOODY FOUNDATION

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES FORM 990PF, PART VIII

ATTACHMENT 4 (CONT'D)

47-4721991

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION NAME AND ADDRESS

COMPENSATION

0

DIRECTOR

CARROLL A. "BO" REDDIC 11695 JOHNS CREEK PARKWAY

350 JOHNS CREEK, GA 30097

GRAND TOTALS

ATTACHMENT 5 PAGE 26

		T6617/+-/+
EORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PA	CONTRIBUTIONS PAID DURING THE YEAR	
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION
BETHANY CHRISTIAN SERVICES	NONE	GENERAL OPERATIONS
6645 PEACHTREE DUNWOODY ROAD, NE	PC	
ATLANTA, GA 30328-1606		
THE UNITED METHODIST CHILDREN'S HOME	NONE	GENERAL OPERATIONS
500 s. COLUMBIA DRIVE	PC	
DECATUR, GA 30030		
FEEDING THE HOMELESS PROJECT, INC	NONE	GENERAL OPERATIONS
1595 PEACHTREE PARKWAY, 204-152	20	
CUMMING, GA 30041		
SOUTHWEST CHRISTIAN CARE	NONE	GENERAL OPERATIONS
7225 LESTER ROAD	PC	
UNION CITY, GA 30291		
TRUST FOR THE NATIONAL MALL	NONE	GENERAL OPERATIONS
1300 PENNSYLVANIA AVENUE, NW, SUITE 370	PC	
WASHINGTON, DC 20004		

1,000.

.006

5,000.

.006

.006

AMOUNT

ATTACHMENT 5

TOTAL CONTRIBUTIONS PAID

8,70D

45 45 cr p