- Form 990-PF

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018
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. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

or calendar year 2017 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
W.H. GREENE FOUNDATION			33-1049504	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
400 QUAKER ROAD			716-805-10	90
City or town, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is p	anding, check here
EAST AURORA, NY 14052				
Check all that apply: Initial return		rmer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return		2. Foreign organizations me	eting the 85% test.
Address change	Name change		Foreign organizations me check here and attach co	mputation
1 Check type of organization: X Section 501(c)(3) e		.at	E If private foundation sta	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	Accrual	under section 507(b)(1)	
Fair market value of all assets at end of year J Account	ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
(from Part II, col. (c), line 16) \$\$4,394,725. (Part I, colu	mn (d) must be on cash basi	s.)	ander section 507(b)(1)	(U), Check here
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,556,242.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	the factor of the factor of
2 Check If the foundation is not required to attach Sch B	San			
Interest on savings and temporary cash investments	1,147.	1,147.		STATEMENT 1
4 Dividends and interest from securities	18,571.	18,556.		STATEMENT 2
5a Gross rents			1	
b Net rental income or (loss)	"有","是例下是"Area"。	2 11 7 12 12 1 1 1 2 2 2 1 1 1 1 2 2 2 1 1 1 1 1 1 2 2 2 1		### ### ### ### ### ##################
62 Net gain or (loss) from sale of assets not on line 10		Agricultural of the said	The second secon	
Gross sales price for all assets on line da	Colombia to the state of the st	5. Agric 1, 10 (4.5 (2.5)	المراجعة ال المراجعة المراجعة ال	
b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)	THE STATE OF THE S	O.	, , , , , , , , , , , , , , , , , , ,	See the Cartes of the Carte
8 Net Short-term capital gain .	Marchen and Company of the Company o	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	3
9 Income modifications Gross Files less returns	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	and of a control of the state o		
10a and allowarous EIVE	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s	("- "managerga" : 54- 3"	165 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
St Gross profit or (loss)		13 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		- 44-1 - 4-16-1
(P) Othe Which fine 1				4 7 T 3 1
12 Total. Add lines 1 through 11	1,575,960.	19,703		是是你的"大大大 <u>"。</u>
13 Companion of officers, directors, friprises, etc	0.			0
13 Companient of ordicers, directors (tripless, etc.				
15 Pension plans, employee benefits			<del>                                     </del>	<del> </del>
16a Legal fees  b Accounting fees  c Other professional fees				-
b Accounting fees				<del> </del>
<del>-</del> 1				
17 Interest 18 Taxes STMT 3	276.	276		0
19 Depreciation and depletion	270.	2,0		· · · · · · · · · · · · · · · · · · ·
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses STMT 4	11,763.	10,278	•	1,235
24 Total operating and administrative			1	
17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23	12,039		•	1,235
25 Contributions, girls, grants paid	187,936	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mar glast property of street	187,936
26 Total expenses and disbursements.	444			100 151
Add lines 24 and 25	199,975	10,554	17 7 8 4 5 8 11 21 105 1 4 15	189,171
27 Subtract line 26 from line 12:	1 275 005		(A) (독대 ) 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	生物學學者 標
8 Excess of revenue over expenses and disbursements	1,375,985	9,149	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<ul> <li>Hoperation of the Property of the Company of the Property of the</li></ul>
b Net investment income (if negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	9,149	N/A	1-2-7 19 - 1 - 1 - 1
c Adjusted net income (if negative, enter -0-)		1 -14 - 34 34 4 1	ı N/A	Form <b>990-PF</b> (201

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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(a) List and describe the	nd Losses for Tax on In e kind(s) of property sold (for exam house; or common stock, 200 shs.	nple, real estat		(b) How ac P - Purch D - Dona	quired (and the state of the st	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
NON	E						
	·			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale	<u> </u>		(h) Gain or (loss (e) plus (f) minus	
					<del></del>		<del></del>
Complete only for constant about a	sois is solvere (b) and owned by	the foundation	00 12/21/60	_		20-1- (b)	
Complete only for assets showing				<del> </del>	(I) cal. (	Gains (Col. (h) gain k), but not less tha	minus n -0-1 or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			Losses (from col. (	h))
						<del></del>	
	<del> </del>					<del> </del>	
		L		<del>-                                    </del>	<u> </u>	·	
Capital gain net income or (net capi	If gain, also enter of If (loss), enter of	' in Part I, line - in Part I, line	7 7	} 2			
Net short-term capital gain or (loss	) as defined in sections 1222(5) an	ıd (6):					
If gain, also enter in Part I, line 8, co	olumn (c).						
If (loss), enter -0- in Part I, line 8 Part V: Qualification Un	4040/->	D. d	Tankan Na	J 3	A I		
as the foundation liable for the section Yes," the foundation doesn't qualify	under section 4940(e). Do not con	nplete this par	t.			·	Yes X
Enter the appropriate amount in ea	ich column for each year, see the i	nstructions be	tore making any o	entries.		<del></del>	(d)
(a) Base period years Calendar year (or tax year beginning			Net value of n			(col. (b) dr	(d) bution ratio vided by col. (c))
2016		1,410.			0,517		.06173
2015		0,571.			1,863		.05813
2014		8,904.			4,173		.05216
2013		3,328.		1,39	7,993	· <del> </del>	.08821
2012		4,833.	l	1,11	2,642	•	.06725
							2055
Total of line 1, column (d)						2	.32751
Average distribution ratio for the 5-		on line 2 by 5.	0, or by the numl	ber of years			0.555
the foundation has been in existent	ce if less than 5 years		•			3	.06550
Enter the net value of noncharitable	e-use assets for 2017 from Part X,	line 5				4	3,303,93
Multiply line 4 by line 3						5	216,42
Enter 1% of net investment income	e (1% of Part I, line 27b)					6	9:
Add lines 5 and 6						7	216,51
	•						
Enter qualitying distributions from	Part XII. line 4					8	189.17
Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.		 e 1b, and com	 plete that part usi	 ing a 1% tax	rate.	8	189,17

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Part VI Excise Tax Based on Investment Income (Section 4		<del>940 -</del>	see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here  a	and enter "N/A" on line 1.	\	
	f necessary-see instructions)		4.00
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	e 🕨 📖 and enter 1%	1	183.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ly; others, enter -0-)	2	0.
3 Add lines 1 and 2		3	183.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	183.
6 Credits/Payments:		l .l	
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 875.		
b Exempt foreign organizations - tax withheld at source	6b 0.		1
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	1	
d Backup withholding erroneously withheld	6d O.	1	
7 Total credits and payments. Add lines 6a through 6d		7	875.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	s attached .	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa		10	69 <u>2.</u>
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	692. Refunded ▶	11	0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local	l legislation or did it participate or intervene	in .	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p	urposes? See the instructions for the defi	nition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	pies of any materials published or		
distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	ng the year:		
(1) On the foundation. > \$ 0. (2) On foundation man	_	<u>.</u>	'  '
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	penditure tax imposed on foundation		
managers. ▶ \$ 0 .			
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		. 2 X
If "Yes," attach a detailed description of the activities.			1
3 Has the foundation made any changes, not previously reported to the IRS, in its gover	ning instrument, articles of incorporation,	or	2 3 3
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			. 3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	ne year?		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?		Ņ	/A 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		5 X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	fied either:		
By language in the governing instrument, or			1 2 0 5 0
By state legislation that effectively amends the governing instrument so that no mar	ndatory directions that conflict with the sta	te law	
remain in the governing instrument?			6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete Part II, col. (c), and Part XV		7 X
,,			1 3 3 31
8a Enter the states to which the foundation reports or with which it is registered. See ins	tructions.		
NY			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	the Attorney General (or designate)		
of each state as required by General Instruction G? If "No," attach explanation			8b X
9 Is the foundation claiming status as a private operating foundation within the meaning	g of section 4942(j)(3) or 4942(j)(5) for ca	lendar	#1 W 9 % - 1, 21
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes		_	9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a		STMT	
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	rt VII-A Statements Regarding Activities (continued)			
		Τ,	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
•••	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	''-		
12		12		x
40	If "Yes," attach statement. See instructions	13	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		Щ.
	Website address N/A	ΛΕ 1	000	
14	The books are in care of ► TERRENCE G. GREENE  Telephone no. ► 716-8			
	Located at ► 400 QUAKER ROAD, EAST AURORA, NY ZIP+4 ►1	4054		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	٠L
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			-
_	foreign country >		١	
Pa	art 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?			٠,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ĺ.	!	
	a disqualified person?	1		İ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	,	-	_
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	- }-		1.
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ļ
				٠.
	• • •	ļ	)	}
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	i	-	-
	if the foundation agreed to make a grant to or to employ the official for a period after	1.		-
	termination of government service, if terminating within 90 days.)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		10	1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	16		<del> </del>
	organizations relying on a current nouce regarding disaster assistance, check here	<b> </b> .	\ \	ļ.
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	-	١,
	before the first day of the tax year beginning in 2017?	1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	\ ,	İ	1 '
	defined in section 4942(j)(3) or 4942(j)(5)):			
E	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ŀ	1	i
	before 2017? Yes X No	' : •	1 -	'
	If "Yes," list the years >		İ	-
ŧ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		L
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.	1	[
	statement - see instructions.) N/A	2b	ľ	
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			$\vdash$
•	•		ĺ	1
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		· ·	1
0.	during the year?	1 -	ľ	
		ł	1	ł
	of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	1	1 .	.
	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	١.	1.	
	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,	, ,	·];	ł
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	3b	<del>├</del> ─	+
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<del> </del>	X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	;		<u> </u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	46	<u>L</u>	X

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s 🔀 No 📗	
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire		_	
any voter registration drive?			s 🔀 No 📗	The Color
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		[.	
4945(d)(4)(A)? See instructions			s 🔯 No 🥇	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		[BET]	
the prevention of cruelty to children or animals?		· · · · · · · · · · · · · · · · · · ·	8 X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify und		n Regulations	37/3	;
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance, check h		•		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	I∕A . ∟ Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			[,	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		. चि :	
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr	ersonal benefit contract?		-	Sb X
If "Yes" to 6b, file Form 8870.	halter transaction?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Te		7b
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed in the foundation About Officers, Directors, Trusteen and Trus		nagers Highly		101
Paid Employees, and Contractors	ses, i candadon me	inagors, riigini	•	
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
SEE STATEMENT 7		0.	0.	0.
		1	:	
		'		
			:	
	luded on the distance		L	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Evacaca
(a) Name and address of each employee paid more than \$50,000	hours ner week	(c) Compensation	(d) Cootributions to employee benefit plans and deterred compensation	(e) Expense account, other
170175	devoted to position	<del> </del>	compensation	allowances
NONE				
	·	<del> </del>		
			ļ	
	<u> </u>	<del> </del>		<del></del>
		1		
		<del> </del>	<u> </u>	
		<del>                                     </del>	<del> </del>	
Total number of other employees paid over \$50,000	<u> </u>	1		
1 Otto: norman of other empire 1000 paid over thousand	1, 111, 1-7, 124th, 144th		Form	990-PF (2017)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	;	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		0
	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A	<del></del>	
1 8/8		
	_	
2	_	
	$\neg$	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	<u> </u>	Amount
1 N/A		
2		
All other program-related investments. See instructions.	['	
3		
	$\dashv$	
Total. Add lines 1 through 3	<b></b>	0.
Total, Add lines I through 3		m <b>990-PF</b> (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	٠, "	
a	Average monthly fair market value of securities	1a	1,587,557.
b	Average of monthly cash balances	1b	1,766,695.
¢	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,354,252.
e	Reduction claimed for blockage or other factors reported on lines 1a and	41.1	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,354,252.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50,314.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,303,938.
6_	Minimum investment return. Enter 5% of line 5	6	<u>165,197.</u>
<u>-</u> P	art:XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ and do not complete this part.)	nd certai	n 
1	Minimum investment return from Part X, line 6	1	165,197.
2a	Tax on investment income for 2017 from Part VI, line 5	11.7	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	20	183.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	165,014.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	165,014.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	165,014.
P	art 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	189,171.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	189,171.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	189,171.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	* * * * * * * * * * * * * * * * * * * *	, 1		
line 7	ļ			165,014.
2 Undistributed income, if any, as of the end of 2017		* * * * * * * * * * * * * * * * * * * *		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Enter amount for 2016 only	14 ,	1 1	0.	1 1 1
b Total for prior years:		0.	1 1	
3 Excess distributions carryover, if any, to 2017:		<u></u>	7 / //	t +
a From 2012 19, 241.				
b From 2013 53,948.	g to the second	, ,		
c From 2014 5, 130.			The state of the s	rest them to the
dFrom 2015 16,018.	in the second	A	N	
e From 2016 26,884.	alke when he is		- 1 t	, , , , , , , , , , , , , , , , , , ,
f Total of lines 3a through e	121,221.			The second secon
4 Qualifying distributions for 2017 from				
Part XII, line 4: ▶\$ 189, 171.		· · · · · · · · · · · · · · · · · · ·	, , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior	F	<del></del>		1 1
years (Election required - see instructions)		0.	4 1-	
c Treated as distributions out of corpus			mark and the comment	
(Election required - see instructions)	0.	يود. چن کيو سونه مينيودر خه		
d Applied to 2017 distributable amount	in the state of th	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	165,014.
e Remaining amount distributed out of corpus	24,157.	, a t to		
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.		r <sub>e</sub> by	0.
must be shown in column (a).)		The state of the s		
6 Enter the net total of each column as indicated below:	_ = ' ' ' ' ' '	1 4 20 1 2	_	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	145,378.			
b Prior years' undistributed income. Subtract			1. 4 July 19-44 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	44 449 12 7 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
line 4b from line 2b	الإرابية أحرار أنسط أأثر أنساء	<u> </u>		
c Enter the amount of prior years'	The second second		m and maked the	
undistributed income for which a notice of deficiency has been issued, or on which	gia i i			H
the section 4942(a) tax has been previously		_		
assessed		0.	44.	
d Subtract line 6c from line 6b. Taxable		_		المراجب محجا معاودك
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2016. Subtract line				The Carlotte and the Carlotte
4a from line 2a. Taxable amount - see instr.	The second of the second of	一一一一一一一一	0.	·李は書の集曲論の改立書 2018年
f Undistributed income for 2017. Subtract		- 1		
lines 4d and 5 from line 1. This amount must				
be distributed in 2018	<u> </u>		7-1 ( ) ( ) ( ) ( )	0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	4. "	* * * * * * * * * * * * * * * * * * * *	
8 Excess distributions carryover from 2012	<u></u>		11 11 11 11 11	1
not applied on line 5 or line 7	19,241.			
9 Excess distributions carryover to 2018.	20,241.		11 12 1 1 1 1 1 1 1 1 1	
Subtract lines 7 and 8 from line 6a	126,137.	10.		
O Analysis of line 9:			13.00	
a Excess from 2013 53,948.		,-	*4.	
b Excess from 2014 5, 130.		·		
c Excess from 2015 16,018.	* - * · · · · · · · · · · · · · · · · ·		4 1 1	1. St. 1 18
d Excess from 2016 26,884.			1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	1.
e Excess from 2017 24, 157.		- 1 - 1 - 1		
		<del></del>	<del> </del>	- 000 DF

Part XIV Private Operating Fo	outiuations (see ii	ISTRUCTIONS AND PART V	117, question 9)	N/A	
a If the foundation has received a ruling of					
foundation, and the ruling is effective for	r 2017, enter the date of	the ruling	▶ ∟		· · · · · · · · · · · · · · · · · · ·
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or4	942(j)(5)
a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a		<u> </u>	<del> </del>		
c Qualifying distributions from Part XII,					
line 4 for each year listed	<u>_</u>	<del></del>		<u> </u>	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		<b>-</b>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				ļ	
Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		İ	]		
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			}		
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		ļ	<del>_</del>		·
c "Support" alternative test - enter:	•	İ			
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					ļ
securities loans (section	1			ĺ	
512(a)(5)), or royalties)		<u> </u>			
(2) Support from general public and 5 or more exempt				Ì	
organizations as provided in					
section 4942(j)(3)(B)(ili)		<u> </u>			
(3) Largest amount of support from	ļ				
an exempt organization					
(4) Gross investment income		lada Alaia wasa amb	if Abo foundation	had \$5,000 and	
Part XV: Supplementary Info			y ir the foundation	i nad \$5,000 or m	ore in assets
Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			ntributions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed r	more than \$5,000). (See	section 507(d)(2).)			
ONE			<u> </u>		
b List any managers of the foundation wh			n (or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation ha	is a 10% or greater inter	est			•
ONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loa	n, Scholarship, etc.,	Programs:		
Check here Lifthe foundation of the foundation makes gifts, grants, etc.,	•	•	•		uests for funds. If
a The name, address, and telephone num	nber or email address of	the person to whom app	lications should be addres	ssed:	
EE STATEMENT 8					
b The form in which applications should i	be submitted and inform	nation and materials they	should include:		
c Any submission deadlines:					<del></del>
d Any restrictions or limitations on award			t - 1 - 44 t11 - 11	-M Cooks	

**▶** 3b

<u>ن ة</u>

Total

#### FORM 990 PF W H GREENE FOUNDATION Schdeule of Contrinutions Pald Form 990 PF - Part XV - Line 3

### EID# - 33-1049504

	Recipient		Purpose of	Dollar
	Name & Address	Relationship	Contribution	Amount
1)	Women's and Children's Hospital of Buffalo Foundation 1028 Main St, Fi 4 Buffalo NY 14202	none	Support children's emergency room	\$2,500
2)	Hospice Foundation 225 Como Park Blvd Cheektowaga, NY 14227-1480	none	Support patients suffering from advanced lilnesses	\$2,500
3)	Response for Love Center 130 Kosciuszko St. Buffelo NY 14212	none	Support those people in need that attend St. Adelbert's	\$2,500
4)	Churches in Action 144 Long Ave Hamburg, NY 14075	none	Community Mission Work for the needy	\$1,500
5)	Villa Marie Convent 600 Doat St. Buffalo NY 14211	none	Support the Felician Nuns	\$1,000
6)	Community Health - Loyola 2611 W Chicago Ave Chicago, Il 60822	none	Support medical projects in the Chicago inner diy	\$1,500
7)	WNY United Against Drug & Alcohol Abuse 1087 Harlem Road Cheektowaga, NY 14227	none	Support to WNY high school students who have abused drugs and alcohol	\$5,000
8)	Buffalo City Mission 100 East Tupper Buffalo, NY 14203	none	Support for Homeless of Buffato	\$1,000
9)	Harvest House 1782 Seneca St Buffalo, NY 14210-1895	none	Support for Unwed Mothers	\$1,500
10)	Dunkirk Conference Center 3602 East Lake Road Dunkirk NY 14048	none	Support for UCC Church Camp	\$1,000
11)	Variety Club Telethon 193 Deleware Ave Buffalo, NY 14202	none	Support medical research for children's illnesses	\$3,500
12)	Foundation of the Roman Catholic Diocese of Buffato – Make A Difference Dinner 795 Main St Buffalo NY 14203-1250	noné	Support for Catholic Education for the inner city people	\$1,500
13)	Roswell Park Alliance Foundation Elm and Cariton Sts Buffalo, NY 14263	none	Small Cell Lung Cancer Research	\$25,000
14)	St Francis High School 4129 Lake Shore Road Athot Springs, NY 14010	none	Support Catholic Education High School	\$57,000
15)	Retirement Fund for Retigious 795 Main St Buffalo NY 14203-1250	none	Support of the retired religious in Buffalo	\$3,000
16)	Catholic Charities of Buffalo 525 Washington St Buffato NY 14203	nané	Support the needs for the poor in Buffalo NY	\$20,000
17)	St. Luke's Mission of Mercy 325 Walden Ave Buffalo NY 14211	none	Support the Corporal and Spiritual works of the Mercy	\$1,500
18)	St Bonaventure University 3261 W State Rd St. Bonaventure, NY 14778	nons	Support the college fund raiser	\$5,000
19)	PUNT Foundation 3859 North Buffalo Road Orchard Park, NY 14127	none	Fighting Pediatric Cancer	\$1,500
20)	Kathlean Mary House PO Box 2142 Blasdell, NY 14219	nona	Support the charity in the assistance to abused mothers	\$2,000

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514	(0)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	74770077	code	Amount	
<u> </u>	·				<del></del>
b	1		++-		
·	1		+		
d	1 1		-+		
•	-		<del></del>		
Fore and analysis from any armost against	- }		+-+		
g Fees and contracts from government agencies	<del></del>		+-+		
2 Membership dues and assessments	<del> </del>			<del></del>	
3 Interest on savings and temporary cash	1		14	1 147	
investments 4 Dividends and interest from securities	<del> </del>		14	1,147. 18,571.	
5 Net rental income or (loss) from real estate:		, b		10,3/1.	1 1 17
a Debt-financed property		<u> </u>			/
b Not debt-financed property	<del>    -  </del>		+		
	<del></del>				
6 Net rental income or (loss) from personal	1		{	{	
property 7 Other investment income	<del></del>		+-+		
			+		
8 Gain or (loss) from sales of assets other than inventory	1 1				
9 Net income or (loss) from special events	<del> </del>				
10 Gross profit or (loss) from sales of inventory	<del>   </del>		+		
11 Other revenue:	<del> </del>	<del></del>	+		<del></del>
a	·				<del></del>
b	1 1		<del></del>		
d		<del></del>			<del></del>
8	-		+		
12 Subtotal. Add columns (b), (d), and (e)	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		)	19,718.	0.
13 Total. Add line 12, columns (b), (d), and (e)	ــــــــــــــــــــــــــــــــــــــ			13	4 4 5 4 5
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exempt f	Purposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XV	1-A contribute	ed importantly to the accom	plishment of
▼ the foundation's exempt purposes (other than					· 
N/A					
			·		
		· <del></del>			
				<del>-</del>	
			<del></del>	<del></del>	
				<del></del>	
					,,

Date

SUITE 100

Preparer's signature

WILLIAMSVILLE, NY 14221

Title

Check rf

self-employed

Date

Phone no. 716-626-2626 Form **990-PF** (2017)

P01240837

Firm's EIN  $\triangleright 16-1600045$ 

Paid

Preparer

**Use Only** 

Signature of officer or trustee

Print/Type preparer's name

MARIA T. SCAROZZA

Firm's name ➤ SZYMKOWIAK &

Firm's address ► 6325 MAIN STREET,

### Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization Employer identification number W.H. GREENE FOUNDATION 33-1049504 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 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) filing 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 or 990-EZ), 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, 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, chantable, 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year ...... \$\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

LHA 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) (2017)

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, 990-EZ, or 990-PF).

Page 2

W.H.	GREENE FOUNDATION		3-1049504
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W.H. GREENE \$ ASSOCIATES, INC.  400 QUAKER ROAD  EAST AURORA, NY 14052	s1,021,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM H. GREENE III  33 ORCHARD TERRACE  ORCHARD PARK, NY 14127	\$ <u>525,659.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash 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 Complete Part II for noncash contributions.)

Name of organization

Employer identification number

## W.H. GREENE FOUNDATION

33-1049504

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2 3	700 SHARES OF CIGNA STOCK		01/06/17
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	01/06/17 (d) Date received
		\$	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>s</b>	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>s</b>	
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-   -  -  -		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

3 (Form 990, 990-EZ, or 990-PF) (2017)		Page Employer Identification number				
gamzation	Limpleyer location mattings:					
GREENE FOUNDATION		33-1049504				
Exclusively religious, charitable, etc., contributor. Complete of	columns (a) through (e) and the follows:	NO LINE ENTRY. For organizations				
completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info once) > \$				
Use duplicate copies of Part III if addition	al space is needed.					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift					
Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(a) Transfer of sift						
Transferee's name, address, a	•	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(b) Rurpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift					
1						
	Exclusively religious, charitable, etc., contitute year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition  (b) Purpose of gift  Transferee's name, address, and the state of	BRENE FOUNDATION  Exclusively religious, charitable, etc., contributions to organizations described in the year from any one contributor. Complete columns (a) through (e) and the follows completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or to Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift				

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TEM	PORARY (	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	REVE			(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
AXA ADVISORS M&T BANK				40. 1,107.			
TOTAL TO PART I, LI	1,147.		1,147.			<del></del>	
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		
AXA ADVISORS CIGNA	18,423 148		0.	18,423. 18,4 148. 1		)8. 18.	
TO PART I, LINE 4	18,571	•	0.	18,571.	18,55	56.	
FORM 990-PF		TAX	ES	<del></del>		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTEI NET INCOM		
FOREIGN TAXES	_	276.		276.	<del> </del>		0.
TO FORM 990-PF, PG	1, LN 18 =	276.		276.			0.
FORM 990-PF		OTHER EXPENSES			STATEMENT		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTEI NET INCOM		
INVESTMENT FEES NEW YORK STATE FILI MISCELLANEOUS ACCOUNTING	NG FEE	9,293. 250. 370. 1,850.		9,293. 0. 60. 925.		6	0. 0. 0.
TO FORM 990-PF, PG	1, LN 23	11,763.	1	0,278.		1,23	35.
	:		=				

## W.H. GREENE FOUNDATION

FORM 990-PF C	ORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
AXA ADVISORS - SEE ATTACHED STATEMENT 3700 SHS OF CIGNA STOCK		985,079. 525,659.		
TOTAL TO FORM 990-PF, PART II, LI	1,510,738.	1,838,874		
	STANTIAL CONTRIE	BUTORS	STATEMENT	6
PART	VII-A, LINE 10			
	ADDRESS			
NAME OF CONTRIBUTOR W.H. GREENE & ASSOCIATES, INC.				

FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, FOUNDATION MA		STATI	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
WILLIAM H. GREENE III 33 ORCHARD TERRACE ORCHARD PARK, NY 14127	PRESIDENT & 3.00	TRUSTEE 0.	0.	0.
MARY JANE GREENE 33 ORCHARD TERRACE ORCHARD PARK, NY 14127.	SECRETARY & 0.01	TRUSTEE 0.	0.	0.
TERRENCE G. GREENE 3443 S. CREEK RD. HAMBURG, NY 14075	TREASURER & 2.00	TRUSTEE 0.	0.	0.
JENNIFER L. GREENE 15 WINTERHALL DR. ORCHARD PARK, NY 14127	TRUSTEE 1.00	0.	0.	0.
KRISTIE A. GREENE 2311 W MORRISON AVENUE, UNIT 15 TAMPA, FL 33629	TRUSTEE 0.01	0.	0.	0.
CAITLIN E. GREENE 145 CHAUNCEY LANE ORCHARD PARK, NY 14127	TRUSTEE 0.01	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

33-1049504

W.H. GREENE FOUNDATION

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT · 8 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM H. GREENE III, C/O W.H. GREENE & ASSOCIATES, INC. 400 QUAKER ROAD EAST AURORA, NY 14052

TELEPHONE NUMBER

716-805-1090

EMAIL ADDRESS

BGREENE@WHGREENE.COM

FORM AND CONTENT OF APPLICATIONS

NO SPECIFIC FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

APPROVAL OF AWARDS REQUIRES MAJORITY VOTE OF THE TRUSTEES