Form •990-PF

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service

Do not enter social security
■ Go to www.irs.gov/Form99

▶ 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.

2018

For	calendar year 2018 or tax year beginning		, and ending	-		
Name of foundation				A Employer identification number		
W	.H. GREENE FOUNDATION			33-1049504	:	
Nun	mber and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number		
	00 QUAKER ROAD		<u> </u>	716-805-10	90	
	y or town, state or province, country, and ZIP or foreign pos :AST AURORA, NY 14052	stal code		C If exemption application is p	ending, check here	
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	s, check here	
	Final return	Amended return		2 5	solves the DEO/ AA	
	Address change	Name change		Foreign organizations me check here and attach co	ering the 85% test,	
HC	Check type of organization: X Section 501(c)(3) exe		ha nu	E If private foundation sta		
 F2	Section 4947(a)(1) nonexempt charitable trust 0 air market value of all assets at end of year J Accounting	ther taxable private foundagemethod: X Cash	Accrual	under section 507(b)(1)		
	· · · · · · · · · · · · · · · · · · ·	er (specify)	Accidal	F If the foundation is in a under section 507(b)(1)		
-	\$ 4,997,702. (Part I, column	(d) must be on cash basis	s.)		,(5), 611061(11010)	
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received	955,831.		· N/A		
	2 Check Interest an anymon and temperature to attach Sch B				-(4 1 _{2 15} 15 1	
	3 Interest on savings and temporary cash investments	3,982.	3,982.		STATEMENT 1	
	4 Dividends and interest from securities 5a Gross rents	32,391.	32,391.		STATEMENT 2	
	b Net rental income or (toss)	-				
-	62 Net gain or (loss) from sale of assets not on line 10	40.				
n e	b Gross sales price for all 40.				,	
Revenue	7 Capital gain net income (from Part IV, line 2)		40.		1 .3	
Œ	8 Net short-term capital gain					
	9 Income modification		 			
	b Less Cost of coases sold and 2019				· · · · · · · · · · · · · · · · · · ·	
	c Gross profit of Goss) MAY 2 0 2013		-,			
	12 Total Add lines 1 through DEN, UT	774,444.	36,413.			
	13 Compensation or onicers, directors, trustees, etc	0.	0.		0.	
	14 Other employee salaries and wages 15 Pension plans, employee benefits					
ès	·1				<u> </u>	
ens	b Accounting fees					
Ä	c Other professional fees					
i. Ve	17 Interest					
itral	18 Taxes STMT 3	367.	367.		0.	
ini Sini	19 Depreciation and depletion				<u></u>	
Adr	20 Occupancy 21 Travel, conferences, and meetings					
, p	22 Printing and publications					
Ng a	23 Other expenses STMT 4	20,704.	15,050.		1,250.	
ANT CHINA COMPINISTRATIVE EXPENSE	24 Zotal operating and administrative					
	TI - T	21,071.	15,417.		1,250.	
$\mathbf{\bar{\xi}}$	25 <@ontributions, gifts, grants paid	210,528.			210,528.	
, m.i.	26 Total expenses and disbursements Add lines 24 and 25	231,599.	15,417.		211,778.	
-	27. Subtract line 26 from line 12:	4J1,J99.	T3,4T1.		211,778.	
5 1Dc	Excess of revenue over expenses and disbursements	760,645.	<u> </u>	,		
Œ	b Net investment income (if negative, enter -0-)		20,996.	Mary m	S. N. L.	
	c Adjusted net income (if negative, enter -0-)		- :	N/A	1	

Б		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,447,867.	1,186,664.	1,186,664.
		Savings and temporary cash investments	1,107,984.	1,111,185.	1,111,185.
		Accounts receivable	1	-,,,	- 1 · 1 · 1 · 1
ļ	"	Less: allowance for doubtful accounts	S. T. Step		· · · · · · · · · · · · · · · · · · ·
			. * 1	The second secon	· · · · · · · · · · · · · · · · · · ·
	4	Pledges receivable >	2 T 1 T 1	* ', , , , , , , , , , , , , , , , , , ,	3 1 1 1 1 1 1 1
		Less: allowance for doubtful accounts			
	1 -	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	1 , 1	· ,	, ,
i		Less; allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ϋ́	10a	Investments - U.S. and state government obligations			
	l	Investments - corporate stock STMT 5	1,510,738.	2,527,284.	2,699,853.
	l	Investments - corporate bonds			
	l	Investments - land, buildings, and equipment basis	7-,		
	' '	Less accumulated deprecation	1 ' '	<u>^</u>	•
	40				
	J	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis	-	;	,
	ļ	Less accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	
		Other assets (describe	<u> </u>		
	16	Total assets (to be completed by all filers - see the			
	<u>L</u>	instructions. Also, see page 1, item ()	4,066,589.	4,825,133.	4,997,702.
	17	Accounts payable and accrued expenses			",
	18	Grants payable			
Ś	19	Deferred revenue			,
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			e- 3
abil	21	Mortgages and other notes payable			
ž	1	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			, , , , ,
es	24	Unrestricted			
Net Assets or Fund Balance	1				
ala	25	Temporarily restricted			
d B	26	Permanently restricted		······································	
Š		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31	1 222 155	4 000 455	, , , , ,
ţ	27	Capital stock, trust principal, or current funds	1,398,175.	1,398,175.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	· · · · · · · · · · · · · · · · · · ·
Ä	29	Retained earnings, accumulated income, endowment, or other funds	2,668,414.	3,426,958.	}
Š	30	Total net assets or fund balances	4,066,589.	4,825,133.	* * *
					20 , 25
	31	Total liabilities and net assets/fund balances	4,066,589.	4,825,133.	* * -
	٠	Analysis of Changes in Net Assets or Fund E	Ralances		
	art	III Analysis of Orlanges in Net Assets of Fulld E	Julia 1063		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	e 30		
•		st agree with end-of-year figure reported on prior year's return)		1	4,066,589.
2	•	er amount from Part I, line 27a		2	760,645.
3		er increases not included in line 2 (itemize)		3	0.
ن 4		lines 1, 2, and 3		4	4,827,234.
4		reases not included in line 2 (itemize) TIMING DIFFERE	יאויד	5	2,101.
Ö					4,825,133.
b	1018	il net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30		
					Form 990-PF (2018)

33-1049504

Page 2

Form 990-PF (2018)

W.H. GREENE FOUNDATION

Page 3

Pa	rt IV Capital Gains	and Losses for 1	ax on investment	Income						
	(a) List and describe 2-story brick wa	the kind(s) of property s arehouse; or common st	sold (for example, real estatock, 200 shs. MLC Co.)	te,	`P-	ow ac Purch Dona		(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a (CAPITAL GAINS	DIVIDENDS								
<u>b</u> _			· -·							
<u> </u>										
<u>d</u> _										
<u>e</u> _		46 Decreasition of	/-> Coo	t er other bosis				(b) Co		\
	(e) Gross sales price	(f) Depreciation al (or allowable		t or other basis xpense of sale	\perp		 -		ain or (loss (f) minus	(g))
<u>a</u>	40.									40.
<u> b </u>										
<u>_</u>										
<u>d</u> _					_					
<u>e</u>	Complete only for assets shown	l ann in column (h) an	d owned by the foundation	on 12/31/69	-) Cause (C	ol (b) gain	minus
	odnipicte only for assets shown	(j) Adjusted ba		cess of col. (I)					ol. (h) gaın ıot less tha	
	(i) FMV as of 12/31/69	as of 12/31/6		col. (j), if any	İ				(from col. (
										40.
										10.
										····
		 								
	· · · · · · · · · · · · · · · · · · ·									
		Clfna	ın, also enter ın Part I, line	7	7					
2 0	apital gain net income or (net c		ss), enter -0- in Part I, line		ΡL	2				40.
3 1	let short-term capital gain or (lo		•		1					
	gain, also enter in Part I, line 8		5 1222(3) and (0).		1					
11	(loss), enter -0- in Part I, line 8				Ĵ	3			N/A	
Pa	rt V Qualification U	Jnder Section 49	40(e) for Reduced	Tax on Net	Inve	estn	nent Ind	come		
(For	optional use by domestic privat	e foundations subject to	the section 4940(a) tax on	net investment in	come	.)				
If on	ation 4040/d\/2\ applica lague	this part blank								
11 261	ction 4940(d)(2) applies, leave	uns part Diank.								
Was	the foundation liable for the sec	ction 4942 tax on the dis	tributable amount of any ye	ear in the base per	rıod?					Yes X No
	es," the foundation doesn't qual									
1 [Inter the appropriate amount in	each column for each y	ear; see the instructions be	fore making any e	ntries.					
	(a) Base period years		(b)	Alak value of a	(c)				Distri	(d) bution ratio
<u>C</u>	alendar year (or tax year beginn	ing in) Adjusted (qualifying distributions	Net value of no		,			(col. (b) dr	vided by col. (c))
	2017		189,171.				3,938			.057256
	2016		141,410.				0,51			.061737
	2015		110,571.				1,863			.058138
	2014		88,904.				4,173			.052168
	2013	<u> </u>	123,328.		1_	, 39	7,993	3.	<u> </u>	.088218
_										247549
	otal of line 1, column (d)							2		.317517
	Average distribution ratio for the		ride the total on line 2 by 5.	U, or by the numb	er of y	ears/				0.63503
t	he foundation has been in exist	ence if less than 5 years						3		.063503
4 -	-tthtt	.hlaaa aaaata fan 0040	from Dort V. Ivon E					. '		1 225 710
4 [Enter the net value of noncharita	ible-use assets for 2018	from Part A, line 5					4		4,235,710.
	Aulton Labora A bardona O							_		260 000
ין כ	Multiply line 4 by line 3							5		268,980.
		ma /18/ -4/2	14.1						}	210.
o t	Inter 1% of net investment inco	me (176 01 Part I, line 27	υj					6		Z1U.
7	Add lines 5 and 6							,		269,190.
1 /	Add lines 5 and 6							7_		403,130.
8 E	Enter qualifying distributions fro	m Part XII, line 4						8		211,778.
	f line 8 is equal to or greater tha See the Part VI instructions.	an line 7, check the box i	n Part VI, line 1b, and comp	olete that part usin	ng a 19	% tax	rate.			

	990-PF (2018) W.H. GREENE FOUNDATION rt.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		LU49			'age 4
		740 -	See II	,	ZUOI	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \bigcup \lefta \) and enter "N/A" on line 1.	۸		1,00	4	۔ ایونے اور
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	•			```	, y'',
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1	. · · · ·		<u>. 4</u> .	<u> 20 .</u>
	of Part I, line 27b	ا بيراً *	``;- ``.		` ;;	, -
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	- 1	٠,	`	٠,	•
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2				<u>0.</u>
-	Add lines 1 and 2	3			4	20.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			4	<u> 20.</u>
	Credits/Payments:	1		ېهٔ `	*	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 692.	ا ، ،		., -'	~	* * * *
þ	Exempt foreign organizations - tax withheld at source 6b 0.	· >~ 1	٠ :	i tork .	·	٠, ٠,
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.		· .	`	`. ! *	λ_{μ}
d	Backup withholding erroneously withheld 6d 0.		. 7 '		•	٠, '
7	Total credits and payments. Add lines 6a through 6d	7			6	92.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2	<u>72.</u>
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 272 • Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		- '	Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defini	tion		16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			ر <u>ب</u>		4 , .
	distributed by the foundation in connection with the activities.			,	- 1	
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 the year:			[· ·]	\Box	
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .			١ ،		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ľ. l	,	
	managers. ▶ \$ 0 .			1.7.	- l	•
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.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r		ļ*, -		7
	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 year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		<u> </u>
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.			1 1	_	1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					,
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	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	
				-	,	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			4.	٠,	
	NY			'*	`.	1
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)			. 2	Ì	",
	of each state as required by General Instruction G? If "No," attach explanation			8b_	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		· -	٦. ·	· ·
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV			9		\mathbf{x}
10		TMT	6	10	Х	v
				rm 990	-PF	(2018)

orm	1990-PF (2018) W.H. GREENE FOUNDATION 33-104	9504		Page 5
Pa	art VII-A' Statements Regarding Activities (continued)			
		1. `.	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		х
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	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	<u></u>		<u> </u>
1.4	The books are in care of ► TERRENCE G. GREENE Telephone no. ► 716-8	05-1	090	
17	Located at ► 400 QUAKER ROAD, EAST AURORA, NY ZIP+4 ►1			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>	_	$\overline{}$
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10		16	100	X
	securities, or other financial account in a foreign country?	10	" " "	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		- "	r
D:	foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		L	
-	·		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	162	140
18	a 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	ļ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	
	a disqualified person?		l	ĺ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		İ	'
	(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	1.	^#,``-	ሳ •
	for the benefit or use of a disqualified person)?		,	١٠,
	(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		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	1		1 '
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b	<u> </u>	ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
1	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		,	
	before the first day of the tax year beginning in 2018?	<u>1</u> c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ĺ	7	
	defined in section 4942(j)(3) or 4942(j)(5)):			. '
	a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		3,	
	before 2018? Yes X No		· ·	
	If "Yes," list the years >	'	-	- , ,
	b 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.	4	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	İ	* '	,
	statement - see instructions.) N/A	<u>2b</u>	<u> </u>	<u> </u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-		
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year?			1
	b If "Yes," did it have excess business holdings in 2018 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	45.		,
	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,	1	, th	
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b	J.	J

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2018?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2018)

	į.			
2 Compensation of five highest-paid employees (other than those	included on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				•
				
	 	 		
				

Total number of other employees paid over \$50,000

Form 990-PF (2018) W.H. GREENE FOUNDATION		<u>3-10495</u>	04 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	tion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE			
		1	
	_	-	
	<u> </u>		
	-		
			
Total number of others receiving over \$50,000 for professional services		>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	E	xpenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.		
1 <u>N/A</u>			
		\dashv	
2			
			
3			
	·		
4	· · · · · · · · · · · · · · · · · · ·	-	
		\dashv	
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.	1	Amount
1 N/A			
			····
2		_	
All other program-related investments. See instructions.			
3			
<u> </u>			
	· · · · · · · · · · · · · · · · · · ·	_	
	· · · · · · · · · · · · · · · · · · ·		
Total, Add lines 1 through 3	<u></u>	>	0.

P	art X : Minimum Investment Return (All domestic foundations in	nust complete this pa	rt Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	le. etc., purposes:		A 1	
•	Average monthly fair market value of securities	,, рагросса		1a	2,388,555.
	Average of monthly cash balances			1b	1,911,658.
	Fair market value of all other assets			1c	
-	Total (add lines 1a, b, and c)			1d	4,300,213.
	Reduction claimed for blockage or other factors reported on lines 1a and				
•	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	4,300,213.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	, see instructions)		4	64,503.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and or			5	4,235,710.
6	Minimum investment return Enter 5% of line 5			6	211,786.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a	nd (j)(5) private operatir	ng foundations ar	nd certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.	.)			
1	Minimum investment return from Part X, line 6			1	211,786.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	420.		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	420.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	211,366.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	211,366.
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	t XIII, line 1		7	211,366.
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes:	-	.	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	•		1a	211,778.
	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 charita	ible, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			, ,	
а	0.1111111111111111111111111111111111111			3a	
	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; a	and Part XIII, line 4		4	211,778.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invi-				
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	211,778.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whethe	r the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.				

Form **990-PF** (2018)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
,	Corpus	Years prior to 2017	2017	2018
1 Distributable amount for 2018 from Part XI,	·			244 255
line 7			* * * * * * * * * * * * * * * * * * * *	211,366.
2 Undistributed income, if any, as of the end of 2018			_	
a Enter amount for 2017 only				
b Total for prior years:		_		
		0.		- 4
3 Excess distributions carryover, if any, to 2018:				-
a From 2013 53,948.	i			, ,
b From 2014 5,130.		II.		1.5
c From 2015 16,018.				, , , ,
d From 2016 26,884.				·
e From 2017 24,157.				` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
f Total of lines 3a through e	126,137.			' '
4 Qualifying distributions for 2018 from				
Part XII, line 4: ►\$ 211,778.		28578 33 3 3 4 7 35		85 CA.
a Applied to 2017, but not more than line 2a	, , , , , , ,	Carting By Charles Comment	0.	21 11 12
b Applied to undistributed income of prior				
years (Election required - see instructions)	s ,	0.		-
c Treated as distributions out of corpus				· · · · · · · · · · · · · · · · · · ·
(Election required - see instructions)	0.			· · · · · ·
d Applied to 2018 distributable amount				211,366.
e Remaining amount distributed out of corpus	412.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				1 4,
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	126,549.			
b Prior years' undistributed income. Subtract				, ,
line 4b from line 2b		0.		•
c Enter the amount of prior years'				7 2
undistributed income for which a notice of				, `
deficiency has been issued, or on which the section 4942(a) tax has been previously]		,
assessed		0.		1
d Subtract line 6c from line 6b. Taxable				,
amount - see instructions		0.		,
e Undistributed income for 2017. Subtract line		,		*
4a from line 2a. Taxable amount - see instr.		, it	0.	, × × × × × × × × × × × × × × × × × × ×
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				0.
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)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	53,948			
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	72,601.	,		
10 Analysis of line 9:				
a Excess from 2014 5,130.				
b Excess from 2015 16,018.	,			,
c Excess from 2016 26,884.				
d Excess from 2017 24,157.	.] '			
e Excess from 2018 412.	1	ļ	•	1

	EENE FOUNDA				149504 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VI	I-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling or	r determination letter tha	t it is a private operating	j		
foundation, and the ruling is effective for	2018, enter the date of	the ruling	▶	/	<u> </u>
b Check box to indicate whether the found	lation is a private operati	ng foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	 -	 		1/	
c Qualifying distributions from Part XII,			 	/	
· ·					
line 4 for each year listed		 	 	 	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			 		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			 / 		
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		1	/		
(1) Value of all assets		/	<u> </u>		<u> </u>
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	ļ		<u> </u>		
b "Endowment" alternative test - enter			l		
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed			l		
c "Support" alternative test - enter:				-	
(1) Total support other than gross					
investment income (interest,		N			
dividends, rents, payments on	/				1
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	/	<u> </u>			-
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			 	 	
• • •				1	lu lu
an exempt organization	/		 	+	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	ate this part only	if the foundation	n had \$5 000 or m	ore in assets
at any time during t			ii tile roundation	11 11dd 40,000 01 11	ore in assets
					·
1 Information Regarding Foundation		- 4b 00/ - 6 4b - 4-4al aa-		a favordation before the al	
a List any managers of the foundation wh year (but only if they have contributed r			iuributions received by til	e tourioation before the ci	use of any lax
	11010 111011 40,000). (000	300(1011 301 (4)(2).)			
NONE	400/		/		
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
• •	3 a 1070 or greater inter-				
NONE			· -		
2 Information Regarding Contribut					
Check here if the foundation of	•	•	-	•	luests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	iber or email address of	the person to whom appl	ications should be addre	ssed:	
SEE STATEMENT 8					
b The form in which applications should b	be submitted and inform	ation and materials they	should include:		
c Any submission deadlines:		· <u>-</u>			
e miy submission deadilles.					
d Any restrictions or limitations on award	s, such as by geographi	cal areas, charitable fields	s, kinds of institutions, or	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient a Paid during the year NONE PUBLIC CHARITY SEE ATTACHED SCHEDULE SEE ATTACHED SCHEDULE 210,528. **▶** 3a Total 210 528. b Approved for future payment NONE Total **▶** 3b

	<u> </u>	
Part XVI-A Analysis of Income-Produ	ucing Activities	
Enter gross amounts upless otherwise indicated	Unrelated business income	Excluded by section 512,

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
	Business Amount sid		Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue:	Code		1 2000				
a			1				
b		· · · · · · · · · · · · · · · · · · ·					
C			+	-			
d			1		<u> </u>		
e		····					
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments			14	3,982.			
4 Dividends and interest from securities			14	32,391.			
5 Net rental income or (loss) from real estate:	1.	, , , , ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 8 4 5 7		
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal			1				
property			1				
7 Other investment income	-		<u> </u>				
8 Gain or (loss) from sales of assets other							
than inventory			14	40.			
•	 -		1-1-2	40.	 		
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b					<u> </u>		
C	 						
d					<u> </u>		
e					ļ		
12 Subtotal. Add columns (b), (d), and (e)	٠, -	0		36,413.			
13 Total. Add line 12, columns (b), (d), and (e)				13 _	36,413.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	xemp	t Purposes			
Line No. Explain below how each activity for which inco					molishment of		
the foundation's exempt purposes (other than							
N/A	 						
7,7==							
							
		······································					
		· ·					
			···		-		

Par	Information Regarding Transfers to and Transactions and Relationsh Exempt Organizations	nips With Noncharitable	=
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section	on 501(c) Yes	No

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?							بر موسر م	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:							***	٠ · ا	
(1) Cash							1a(1)	- ^	X
	Other assets				-		1a(2)		X
- •	transactions:						7	t ,	- 1
	Sales of assets to a noncharital	ble exempt organization					1b(1)	,	X
• •	Purchases of assets from a no	• •					1b(2)		X X X X X
	Rental of facilities, equipment,	· · ·					1b(3)		X
٠.	Reimbursement arrangements						1b(4)		X
(5) L	oans or loan guarantees						15(5)		X
	Performance of services or me	mbership or fundraising	g solicitatioi	ns			1b(6)		X
	ng of facilities, equipment, ma						1c		X
d If the	answer to any of the above is	"Yes," complete the folio	owing sche	dule. Column (b) should alv	vays show the fair m	arket value of the goods, o	ther ass	ets,	
or se	rvices given by the reporting fo	oundation. If the founda	ition receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, s	how in		
colun	nn (d) the value of the goods,	other assets, or services	s received.						
a) Line no	(b) Amount involved	(c) Name of no	ncharitable	exempt organization	(d) Description	of transfers, transactions, and	sharing an	angeme	nts
			N/A						
				······································					
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	<u></u>	<u> </u>							
	e foundation directly or indirec	-		or more tax-exempt organi	zations described	_	- 7., .	77	л.,
	ction 501(c) (other than section		on 52/?			L	Yes	LA	No
b IT YE	es," complete the following sch			(b) Type of organization	,	c) Description of relations	hin		
	(a) Name of org	Janization		(b) Type of organization		c) Description of relations	Пр		
	N/A								
· · · · · · · · · · · · · · · · · · ·				 	-				
					 -				
					-				
	Under penalties of perjury, I declare	that I have examined this re	eturn, includin	g accompanying schedules and	statements, and to the I	best of my knowledge			
Sign	and belief, it is true, correct, and go	mplete Declaration of prepa	rer (other than	n taxpayer) is based on all inform		nas any knowledge reto	y the IRS irn with th	e prepar	rer
Here	Jun 1	gren		15/10/19	PRECIE		Wn below Yes		No
ļ	Signature of officer or trustee		 -	Date	Title		. 163		_ 110
	Print/Type preparer's na		reparer's s		Date	Check If PTIN			
				<u>.</u>		self- employed			
Paid	MARTA TO S	CAROZZA I	Mau	al cours	Shala		1240	837	,
THINTH IS DESIRED THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO					Firm's EIN ► 16-1				
Use O	[7500		-				
	· · · · · · · · · · · · · · · · · · ·	325 MAIN ST	REET	SUITE 100		 			
	•	LLIAMSVILL	-			Phone no. 716-6	26-2	626	
							orm 99 0		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	W.	H. GREENE FOUNDATION	33-1049504		
Organiz	ation type (check or	ie):			
Filers of	:	Section:			
Form 99	0 or 990-EZ	501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	-	covered by the General Rule or a Special Rule.			
Note: O	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions		
General	Rule				
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.			
Special	Rules				
	sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount line 1. Complete Parts I and II	, or 16b, and that received from		
	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 (entening "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is 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, charitable, etc., contributions totaling \$5,000 or more during the year.					
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

Employer identification number

W.H. GREENE FOUNDATION

33-1049504

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional 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	\$\$550,000.	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			
2	WILLIAM H. GREENE III 33 ORCHARD TERRACE ORCHARD PARK, NY 14127	\$\$	Person Payroll Moncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Omnicash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions)			

Name of organization

Employer identification number

W.H. GREENE FOUNDATION

33-1049504

Partill N	oncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_ _			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ -			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
3453 11-08-18		\$	990, 990-EZ, or 990-PF) (

Employer identification number

-4.110 01 01	9424.01.						
ў.Н. С	REENE FOUNDATION			33-1049504			
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) t			that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or less	for the year (Enter this info on	ce) ► \$			
(a) No	Use duplicate copies of Part III if additional s	pace is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I			-				
ļ			-				
		(e) Transfer of gift					
1	Townstown to make a different con-	4.7ID 4	Datatia altina et to				
}	Transferee's name, address, and	3 ZIP + 4	Helationship of tra	insferor to transferee			
Ì							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
			-				
			-				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
}	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansteror to transferee			
ł				· · · · · · · · · · · · · · · · · · ·			
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
ļ							
}							
		(e) Transfer of gift					
	Transferee's name, address, an	d 7IP ± 4	Relationship of tra	ansferor to transferee			
ţ	Transferce 5 name, address, an	<u> </u>	Troid Controlling Or at	anorere to autoreree			
]							
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
, arti							
			_				
}		(.) To a store of with					
	(e) Transfer of gift						
1	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee			
Ţ							
		[<u> </u>				

FORM 990-PF INTER	EST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVEI PER BO	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
AXA ADVISORS M&T BANK		:	781. 3,201.		781. 3,201.		
TOTAL TO PART I, L	INE 3		3,982.		3,982.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
AXA ADVISORS CIGNA	32,283		0. 0.	32,243.		13.	
TO PART I, LINE 4	32,431	4	0.	32,391.	32,39	01.	- <u></u>
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(I NET IN MENT I		(C) ADJUSTED NET INCOM		
FOREIGN TAXES		367.		367.			0.
TO FORM 990-PF, PG	1, LN 18	367.		367.			0.
FORM 990-PF		OTHER E	XPENSES	5		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		
INVESTMENT FEES NEW YORK STATE FIL NONDEDUCTIBLE CONT ACCOUNTING		14,050. 250. 4,404. 2,000.		14,050. 0. 0. 1,000.			0. 250. 0.
TO FORM 990-PF, PG	1, LN 23	20,704.	·	15,050.		1,2	250.
	=		====			=	

FORM 990-PF C	ORPORATE STOCK		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE' VALUE	r
AXA ADVISORS - SEE ATTACHED STATE 3700 SHS OF CIGNA STOCK	2,001,625. 525,659.			
TOTAL TO FORM 990-PF, PART II, LI	2,527,284.	2,699,8	53.	
	STANTIAL CONTRIE VII-A, LINE 10	BUTORS	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS			
W.H. GREENE & ASSOCIATES, INC.	400 QUAKER RO EAST AURORA,			
WILLIAM H. GREENE III	33 ORCHARD TE			

	T OF OFFICERS, DIE FOUNDATION MANAGE		STATI	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		BEN PLAN CONTRIB	EXPENSE
WILLIAM H. GREENE III 33 ORCHARD TERRACE ORCHARD PARK, NY 14127	PRESIDENT & TRUS	STEE 0.	0.	0.
MARY JANE GREENE 33 ORCHARD TERRACE ORCHARD PARK, NY 14127	SECRETARY & TRUS	STEE 0.	0.	0.
TERRENCE G. GREENE 3443 S. CREEK RD. HAMBURG, NY 14075	TREASURER & TRUS	STEE 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.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 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

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

EID#-33-1049504

	Recipient	Relationship	Purpose of Contribution	Dollar <u>Amount</u>
	Name & Address			
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 illnesses	\$2,500
3)	Response for Love Center 130 Kosciuszko St. Buffalo 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 Mane Convent 600 Doat St. Buffalo NY 14211	none	Support the Felician Nuns	\$1,500
6)	Community Health - Loyola 2611 W Chicago Ave Chicago, Il 60622	none	Support medical projects in the Chicago inner city	\$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	\$396
8)	Buffato City Mission 100 East Tupper Buffalo, NY 14203	none	Support for Homeless of Buffalo	\$1,500
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)	Vanety Club Telethon 193 Deleware Ave Buffalo, NY 14202	none	Support medical research for children's illnesses	\$4,000
12)	Foundation of the Roman Catholic Diocese of Buffato – Make A Difference Dinner 795 Main St Buffato NY 14203-1250	none	Support for Catholic Education for the inner city people	\$2,750
13)	Roswell Park Aliance Foundation Elm and Cartton Sts Buffalo, NY 14263	none	Small Cell Lung Cancer Research	\$30,000
14)	St Francis High School 4129 Lake Shore Road Athol Springs, NY 14010	none	Support Catholic Education High School	\$40,500
15)	Retrement Fund for Religious 795 Main St Buffalo NY 14203-1250	none	Support of the retired religious in Buffalo	\$3,000
16)	Catholic Chambes of Buffalo 525 Washington St Buffalo NY 14203	none	Support the needs for the poor in Buffalo NY	\$21,000
17)	St Luke's Mission of Mercy 325 Walden Ave Buffalo NY 14211	none	Support the Corporal and Spiritual works of the Mercy	\$2,500
18)	St Bonaventure University 3261 W State Rd St Bonaventure, NY 14778	none	Support the college fund raiser	\$6,650
19)	PUNT Foundation 3859 North Buffalo Road Orchard Park, NY 14127	none	Fighting Pediatric Cancer	\$1,750
20)	Kathleen Mary House PO Box 2142 Blasdell, NY 14219	none	Support the charity in the assistance to abused mothers	\$3,000

FORM 990 PF W H GREENE FOUNDATION

EID#-33-1049504

W H	GREENE FOUNDATION		EID# - 33-1049504	
21)	NYS Right to Life Committee / Education Trust 41 State Street Suite M-100 Albany, NY 12207	none	Support to the education of people on right to life	\$1,000
22)	WNY Physically Challenged Youth Sports c/o Daniel P Murray / Lawley Services 701 Parkside Ave Buffalo, NY 14216	none	Support to physically challenged children	\$250
23)	Nativity of Our Lord School 4414 South Buffalo St Orchard Park NY 14127	none	Support to an Catholic elementary school	\$3,000
24)	Amencan Lung Association 1595 Elmwood Ave Rochester, NY 14620	none	Support fight against lung cancer	\$1,000
25)	AVM Foundation 12 Halladay Lane Suite A Tonawanda, NY 14150	none	Supporting Young Adults in their fight Against Cancer	\$0
26)	St Vincent de Paul Society 4737 Lake Shore Rd Hamburg NY 14075	none	Donation to support this charities goals to help the poor	\$1,000
27)	Storehouse Mission PO Box 615 Orchard Park, NY 14127	none	Children's orphanage in Honduras	\$1,500
28)	Hand in Hand for Haiti 100 United Nations Plaza, Suite 43D New York, NY 10017	none	Education in Haiti	\$1,500
29)	Ballers For Jesus 4716 Whispenng Wind Ave Tampa, FL 33614	none	Support youth sports program	\$2,000
30)	Hamburg Alumni Program PO Box 174 Hamburg NY 14075	none	Provide support for the ennchment of Hamburg central school district	\$300
31)	Fnends of the Night People 394 Hudson St Buffalo NY 14201	none	Support a Buffalo chanty who provides meals, clothing to the homeless	\$2,500
32)	SMART 28 S Shore Blvd Lackawanna, NY 14218	none	Spinal Muscular Atrophy Research Team	\$1,000
33)	Bison Children's Scholarship Fund PO Box 1134 Buffalo, NY 14205	none	Support children's early education	\$1,000
34)	Ride For Roswell Elm & Carlton Streets Buffalo, NY 14263	none	Support fight against cancer	\$4,782
35)	Sisters of St Francis 201 Reist Street Williamsville, NY 14221	none	Ministnes and future needs of sisters	\$0
36)	Orchard Park Police Foundation PO Box 484 Orchard Park, NY 14127	none	Golf Tournament	\$1,000
37)	Canesus Fest for Charity, Inc PO Box 400 Buffalo, NY 14205	none	Children with Cancer	\$1,000
38)	Our Little Roses Foreign Mission Society PO Box 530947 Miama Shores, FL 33153-0947	none	Empowering and care for girls in Honduras	\$1,000
39)	Hilbert College 5200 South Park Ave Hamburg, NY 14075	none	Risk Management Program	\$25,000
40)	St. Francis DeSales Catholic Church 814 South Oakwood Ave Beckley, WV 25801-5928	none	Support corporal and spiritual works of St. Francis	\$1,000
41)	St Benedict Abbey 252 Still River Rd Harvard, MA 01451	none	Support the shanng of the Catholic Faith	\$1,000
42)	The Service Collaborative of WNY 173 Elm St Buffalo, NY 14203	none	Beds For Buffato	\$0
43)	National Child Safety Council P O Box 16259 Rochester, NY 14616-0259	none	Safety Education Supplies for children	\$200
44)	Boys & Gnl's Club 1275 Peachtess Street NE Atlanta, GA 30309-3506	none	Supplies	\$250

FORM 990 PF W H GREENE FOUNDATION

EID#-33-1049504

** 17 1	SKEENE TOURDATION		2.5 " 40 10 1000 .	
45)	St. Mary of the Lake 4737 Lake Shore Rd Hamburg, NY 14075	попе	Support the church	\$200
46)	Girls Education Collaborative 640 Ellicott St Buffalo, NY 14203	none	Empowering girls education	\$500
47)	Misencordia Heart of Mercy 6300 North Ridge Ave Chicago, IL 60660-1017	none	Care for special needs children	\$1,000
48)	US Foundation - New Fund for Global Health 4202 E Fowler Ave , ALC 100 Tampa, FL 33620	none	Global Health care for ones in need	\$25,000
49)	VA WNY Health Care System 3495 Bailey Ave Buffalo, NY 14215	none	Honor American Veterans with Healthcare	\$1,000
			Total	\$210,528