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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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



OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 07-01-2014 , and ending 06-30-2015

Name of foundation BANK OF GREENE COUNTY CHARITABLE FOUNDATION % MICHELLE PLUMMER		A Employer identification number 14-1810419	
Number and street (or P O box number if mail is not delivered to street address) 302 MAIN STREET PO BOX 470		B Telephone number (see instructions) (518) 943-2600	
City or town, state or province, country, and ZIP or foreign postal code CATSKILL, NY 12414		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 2,310,242		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	70,000			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.	57,322	57,322		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	2,769			
	b Gross sales price for all assets on line 6a <u>3,246</u>				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) 	100			
	12 Total. Add lines 1 through 11	130,191	57,322		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) 	1,595	0	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	1,760			
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) 	142			
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	3,497	0	0	0
	25 Contributions, gifts, grants paid	93,900			93,900
	26 Total expenses and disbursements. Add lines 24 and 25	97,397	0	0	93,900
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	32,794			
	b Net investment income (if negative, enter -0-)		57,322		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	61,713	90,605	90,605
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	445,957	449,622	2,219,637
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	507,670	540,227	2,310,242	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	507,670	540,227	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	507,670	540,227	
31	Total liabilities and net assets/fund balances (see instructions) . . .	507,670	540,227		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 507,670
2	Enter amount from Part I, line 27a	2 32,794
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 540,464
5	Decreases not included in line 2 (itemize) ▶ _____	5 237
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 540,227

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part


1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	80,300	1,912,364	0 04199	
2012	62,550	1,619,421	0 038625	
2011	72,700	1,492,258	0 048718	
2010	70,250	1,406,734	0 049938	
2009	54,400	1,271,666	0 042779	
2	Total of line 1, column (d).		2	0 22205
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0 04441
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	2,190,324
5	Multiply line 4 by line 3.		5	97,272
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	573
7	Add lines 5 and 6.		7	97,845
8	Enter qualifying distributions from Part XII, line 4.		8	93,900
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,146
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1,146
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,146
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,120
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,120
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	26
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-AStatements 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 in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> DE, <input type="checkbox"/> 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? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> 	10		No

Part VII-A

Statements Regarding Activities *(continued)*

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.thebankofgreeneconomy.com	13	Yes	
14	The books are in care of MICHELLE PLUMMER Telephone no (518) 943-2600 Located at 302 MAIN STREET CATSKILL NY ZIP+4 12414			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input checked="" type="checkbox"/>	1b		
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 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years 20 , 20 , 20 , 20			
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

Yes

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

YesNo

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

YesNo

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

YesNo

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

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

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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 (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,147,532
b	Average of monthly cash balances.	1b	76,147
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,223,679
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,223,679
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	33,355
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,190,324
6	Minimum investment return. Enter 5% of line 5.	6	109,516

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	109,516
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	1,146
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,146
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	108,370
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	108,370
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	108,370

Part 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	93,900
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	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	93,900
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	93,900
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				108,370
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			93,787	
b Total for prior years 2012 , 2011 , 2010				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				0
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 93,900				
a Applied to 2013, but not more than line 2a			93,787	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				113
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				108,257
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .	0			

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
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) 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. . .					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

BANK OF GREENE COUNTY OPERATION CTR
PO BOX 470
CATSKILL, NY 12414
(518) 943-2600

b

The form in which applications should be submitted and information and materials they should include

SUBMIT A COVER LETTER ON THE REQUESTING ORGANIZATION'S LETTERHEAD THE AMOUNT REQUESTED, PURPOSE OF THE GRANT AND THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE ORGANIZATION'S CONTACT PERSON BRIEF DESCRIPTION OF THE ORGANIZATION'S PURPOSE, HISTORY AND FORWARD OUTLOOK COPY OF THE ORGANIZATION'S BUDGET FOR THE CURRENT AND PRECEEDING YEARS LIST OF THE ORGANIZATION'S CURRENT OFFICERS AND DIRECTORS COPY OF THE ORGANIZATION'S IRS DETERMINATION LETTER OF TAX-EXEMPT CHARITABLE STATUS UNDER SECTION 501 (C)(3), IF APPLICABLE LIST OF OTHER ORANIZATIONS AND FOUNDATIONS THAT CURRENTLY SUPPORT YOUR ORGANIZATION AND THE PURPOSE AND AMOUNT RECEIVED FROM EACH DATES AND AMOUNTS OF ANY PREVIOUS GRANTS RECEIVED FROM THE BANK OF GREENE COUNTY CHARITABLE FOUNDATION AND ANY APPLICATIONS TO THE FOUNDATION THAT WERE NOT GRANTED

c

Any submission deadlines

REQUEST FOR FUNDING MUST BE SUBMITTED BETWEEN DECEMBER 1ST AND JANUARY 15TH OF THE CURRENT FISCAL YE

d

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

PURPOSE MUST BE ONE OF THE FOLLOWING EDUCATION, HEALTH AND WELLNESS, SOCIAL AND CIVIC SERVICES, CULTURE AND ART OR HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	93,900
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule


(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
	***** _____ Signature of officer or trustee	2015-10-19 _____ Date	***** _____ Title	<div style="border: 1px solid black; padding: 5px;"> May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Paid Preparer Use Only	Print/Type preparer's name BRADLEY CUMMINGS	Preparer's Signature 	Date 	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00432821
	Firm's name PATTISON KOSKEY HOWE & BUCCI CPA			Firm's EIN 	
	Firm's address 45 FIVE MILE WOODS ROAD CATSKILL, NY 12414			Phone no (518) 943-4502	


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DONALD GIBSON	PRESIDENT & CEO - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
JASON R MEEKS	VICE PRESIDENT - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
STEPHEN NELSON	EXECUT VICE PRES - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
MICHELLE M PLUMMER	TREASURER & CFO - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
DAVID H JENKINS DVM	DIRECTOR - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
CHARLES H SCHAEFER ESQ	DIRECTOR - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
JAY P CAHALAN	DIRECTOR - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
PAUL SLUTZKY	DIRECTOR - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
MARTIN C SMITH	CHAIRMAN - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
PETER HOGAN CPA	DIRECTOR - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
PERRY LASHER	VICE PRESIDENT - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
CYNTHIA DUPIILKA	VICE PRESIDENT - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				
SUSAN TIMAN	SECRETARY - AS NEEDED 0	0		
302 MAIN STREET PO BOX 470 CATSKILL,NY 12414				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CAPITAL DISTRICT YMCA 465 NEW KARNER ROAD ALBANY, NY 12205	NONE	PC	SUPPORT OF GREENE COUNTY YMCA IN COXSACKIE	10,000
CATSKILL COMMUNITY CENTER PO BOX 389 344 MAIN STREET CATSKILL, NY 12414	NONE	PC	CAPITAL IMPROVEMENTS - KITCHEN	2,500
BENEDICTINE HEALTH FOUNDATION 105 MARYS AVENUE KINGSTON, NY 12401	NONE	PC	SUPPORT GALA	1,500
ALLIANCE FOR POSITIVE HEALTH 927 BROADWAY ALBANY, NY 12207	NONE	PC	SPONSORSHIP OF COLUMBIA COUNTY GARDEN PARTY	250
THE AUTISM CONNECTION OF GREENE COUNTY PO BOX 158 COXSACKIE, NY 12051	NONE	PC	SUPPORT OF SERVICES & PROGRAMS	1,000
BREAST CANCER OPTIONS INC 101 HURLEY AVENUE SUITE 10 KINGSTON, NY 12401	NONE	PC	SUPPORT BREAST CANCER CONFERENCE	250
CHATHAM KIDS CLUB PO BOX 221 CHATHAM, NY 12037	NONE	PC	SUPPORT OF SUMMER PROGRAM	750
COLUMBIA COUNTY AGRICULTURAL SOCIETY INC PO BOX 257 CHATHAM, NY 12037	NONE	PC	GENERAL OPERATING FUNDS	1,000
ANIMAL KIND 721 WARREN STREET HUDSON, NY 12534	NONE	PC	MEDICAL CARE FOR INJURED AND SICK PETS	500
BRIDGE STREET THEATRE 44 WEST BRIDGE STREET CATSKILL, NY 12414	NONE	PC	SUPPORT THEATRE PRODUCTIONS	1,000
COLUMBIA COUNTY FIRE CHIEFS' ASSOCIATION PO BOX 94 WEST LEBANON, NY 12195	NONE	PC	OPERATING COSTS	500
ATHENS CULTURAL CENTER 24 SECOND STREET ATHENS, NY 12015	NONE	PC	CONTINUE AND EXPAND THE SUMMER ARTS PROGRAM	500
CARING HANDS SOUP KITCHEN AND FOOD PANTRY PO BOX 1099 122 CLINTON AVENUE KINGSTON, NY 12401	NONE	PC	SUPPORT FOOD PANTRY	250
CATHOLIC CHARITIES OF COLUMBIA AND GREENE COUNTIES 431 EAST ALLEN STREET HUDSON, NY 12534	NONE	PC	PURCHASE FURNITURE	500
AMERICAN FOUNDATION FOR SUICIDE PREVENTION PO BOX 486 CAPITAL REGION CHAPTER EAST GREENBUSH, NY 12061	NONE	PC	SUPPORT OF COLUMBIA GREENE OUT OF THE DARKNESS COMMUNITY WALK	250
Total  3a				93,900


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN RED CROSS NORTHEASTERN NY REGION 33 EVERETT ROAD ALBANY,NY 12205	NONE	PC	SUPPORT OF LOCAL DISASTER RELIEF EFFORTS AND PREPAREDNESS INITIATIVES FOR GREENE COUNTY	1,000
CARVER'S BARN 81 GREEN HILL ROAD ELKA PARK,NY 12427	NONE	PC	SUPPORT SUMMER THEATRE SEASON	100
CATSKILL PUBLIC LIBRARY 1 FRANKLIN STREET CATSKILL,NY 12414	NONE	PC	SUPPORT MAKING SPACE PROGRAM	500
CAMP GRACE 45 CHURCH STREET COXSACKIE,NY 12051	NONE	PC	FOOD AND OTHER SUPPLIES FOR SOUP KITCHEN	500
CATHOLIC CHARTIES TRI-COUNTY SERVICES PO BOX 28 RENSSELAER,NY 12144	NONE	PC	SUPPORT COMMUNITY RESOURCE CENTER & COMMUNITY EVENTS	250
BARD COLLEGE PO BOX 5000 ANNANDALEONHUDSON,NY 12504	NONE	PC	SUPPORT OF DREAM TO ACHIEVE PROGRAM	250
COXSACKIE ATHENS FOUNDATION FOR EDUCATION 24 SUNSET BLVD COXSACKIE,NY 12051	NONE	PC	GREENHOUSE CONSTRUCTION & EDUCATIONAL INIATIVE	500
COMMON GROUND DISPUTE RESOLUTION INC 11 WILLIAM STREET CATSKILL,NY 12414	NONE	PC	SUPPORT FOREVER PARENTS PROGRAM	1,000
TANNERSVILLE AREA HEALTH COMMITTEE PO BOX 192 SOUTH CAIRO,NY 12482	NONE	PC	PURCHASE MEDICAL EQUIPMENT & SHELIVING	500
CATSKILL CENTRAL SCHOOL DISTRICT 343 WEST MAIN STREET CATSKILL,NY 12414	NONE	PC	SUPPORT WESTSIDE CAFE PROGRAM	500
ZADOCK PRATT MUSEUM PO BOX 333 PRATTSVILLE,NY 12468	NONE	PC	PROGRAMS EXHIBITS AND EVENTS	2,000
CATSKILL SOCCER CLUB PO BOX 39 CATSKILL,NY 12414	NONE	PC	CONSTRUCTION OF WELL AND SEPTIC SYSTEM	500
GREENE COUNTY HISTORICAL SOCIETY 90 COUNTY ROUTE 42 BRONCK MUSEUM/VEDDER RESEARCH LIBRA COXSACKIE,NY 12051	NONE	PC	PURCHASE UV FILTERING SLEEVES FOR LIGHTING IN LIBRARY	1,000
THOMAS COLE NATIONAL HISTORICAL SITE PO BOX 426 218 SPRING STREET CATSKILL,NY 12414	NONE	PC	NEW STUDIO CONSTRUCTION \$1,000 & GARDENS \$750	1,750
COLUMBIA GREENE HOSPITAL FOUNDATION 71 PROSPECT AVENUE HUDSON,NY 12534	NONE	PC	SPONSOR GALA \$3,600 & WINTERBLAST \$2,500 FUNDRAISING EVENTS	6,100
Total  3a				93,900


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GERMANTOWN ECONOMIC DEVELOPMENT COMMITTEE 50 PALATINE ROAD TOWN OF GERMANTOWN GERMANTOWN,NY 12526	NONE	PC	SUPPORT CREATION OF BLAST MAILING LIST FOR EVENTS	500
COARC 630 ROUTE 217 MELLENVILLE,NY 12544	NONE	PC	SUPPORT FUSION DAY PROGRAM, DRUMMING CIRCLE & RECREATIONAL ACTIVITIES	1,000
GERMANTOWN LIBRARY 31 PALATINE PARK ROAD GERMANTOWN,NY 12526	NONE	PC	PURCHASE TV/MONITOR	500
GREENE COUNTY COUNCIL ON THE ARTS 398 MAIN STREET CATSKILL,NY 12414	NONE	PC	SUPPORT BEAUX ARTS BALL	4,200
CAIRO TOWN PARK COMMITTEE PO BOX 932 CAIRO,NY 12413	NONE	PC	IMPROVEMENTS TO PARK	1,300
CAPITAL CITY RESCUE MISSION 259 SOUTH PERL STREET ALBANY,NY 12202	NONE	PC	SUPPORT OF THE HEALTHCARE FOR THE HOMELESS FREE CLINIC	500
HAWTHORNE VALLEY ASSOCIATION 327 COUNTY ROUTE 21C GHENT,NY 12075	NONE	PC	SUPPORT OF PLACE BASED LEARNING CENTER FARM & ARTS PROGRAMS	1,000
CATSKILL EDUCATION FOUNDATION PO BOX 88 CATSKILL,NY 12414	NONE	PC	INNOVATIVE PROJECTS IN THE CATSKILL SCHOOL DISTRICT	500
CATSKILL LITTLE LEAGUE PO BOX 808 CATSKILL,NY 12414	NONE	PC	NEW PAVILION	250
THE CATSKILL MOUNTAIN FOUNDATION INC PO BOX 924 7970 MAIN STREET HUNTER,NY 12442	NONE	PC	ARTS PROGRAM	1,000
HUNTER FOUNDATION PO BOX 563 TANNERSVILLE,NY 12485	NONE	PC	GENERAL OPERATING EXPENSES	1,000
THE FORTNIGHTLY CLUB OF CATSKILL PO BOX 21 CATSKILL,NY 12414	NONE	PC	SPONSOR FESTIVAL OF TREES FUNDRAISING EVENT	1,000
COLUMBIA OPPORTUNITIES INC 540 COLUMBIA STREET HUDSON,NY 12534	NONE	PC	SUPPORT OF LITERACY PROGRAMS	500
GHENT VOLUNTEER FIRE COMPANY PO BOX 32 GHENT,NY 12075	NONE	PC	PURCHASE TRAINING EQUIPMENT	500
COMMUNITY ACTION OF GREENE COUNTY INC 7856 ROUTE 9W CATSKILL,NY 12414	NONE	PC	FOOD PANTRY	1,000
Total  3a				93,900


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COLUMBIA LAND CONSERVANCY 49 MAIN STREET CHATHAM,NY 12037	NONE	PC	SUPPORT OF PUBLIC CONSERVATION PROGRAM	500
ROELIFF JANSEN COMMUNITY LIBRARY PO BOX 669 HILLSDALE,NY 12529	NONE	PC	SUPPORT BOOKMOBILE	500
YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON,NY 12401	NONE	PC	SUPPORT SWIMMING LESSONS	500
GREENE COUNTY AGING SERVICES FOUNDATION INC 411 MAIN STREET CATSKILL,NY 12414	NONE	PC	SUPPORT MEDICAL TRANSPORTION SERVICES	1,000
THE MOUNTAIN TOP HISTORICAL SOCIETY PO BOX 263 HAINES FALLS,NY 12436	NONE	PC	PURCHASE COMPUTER	500
HUDSON DOLLARS FOR SCHOLARS PO BOX 1048 HUDSON,NY 12534	NONE	PC	SCHOLARSHIP EXPENSES	1,000
HOUSING RESOURCES OF COLUMBIA COUNTY INC 252 COLUMBIA STREET HUDSON,NY 12534	NONE	PC	SUPPORT OF COMPREHENSIVE HOUSING COUNSELING PROGRAM	500
COLUMBIA-GREENE COMMUNITY FOUNDATION 4400 ROUTE 23 HUDSON,NY 12534	NONE	PC	SPONSOR GOLF TOURNAMMENT \$4,800 AND GALA \$2,500	7,300
HUDSON JAZZWORKS INC 338 KIPP ROAD HUDSON,NY 12534	NONE	PC	SUPPORT PROGRAMS	500
CORNELL COOPERATIVE EXTENSION COLUMBIA & GREENE 6055 ROUTE 23 ACRA,NY 12405	NONE	PC	SPONSOR DOWN HOME DINNER FUNDRAISING EVENT	1,000
GREENE COUNTY AGRICULTURAL SOCIETY PO BOX 84 GREENVILLE,NY 12083	NONE	PC	SUPPORT GREENE COUNTY YOUTH FAIR	500
GREENE COUNTY POP WARNER FOOTBALL & CHEERLEADING PO BOX 397 SOUTH CAIRO,NY 12451	NONE	PC	SUPPORT FOR FOOTBAL PROGRAM	250
FRIENDS OF CLERMONT 87 CLERMONT AVENUE GERMANTOWN,NY 12526	NONE	PC	SPONSOR OF CLERMONT COMMUNITY GARDEN	500
HUDSON AREA ASSOCIATION LIBRARY PO BOX 830 400 STATE STREET HUDSON,NY 12534	NONE	PC	SUPPORT STORYTIME ON THE GO PROGRAM	500
GREENE LAND TRUST 207 MANSION STREET COXSACKIE,NY 12051	NONE	PC	RENOVATION AND FURNISHMENTS OF ENVIROMENTAL EDUCATION CENTER	1,000
Total  3a				93,900


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HEALTH ALLIANCE FOUNDATION 396 BROADWAY KINGSTON,NY 12401	NONE	PC	SPONSOR TULIP BALL	2,500
GIRL SCOUTS OF NORTHEASTERN NEW YORK 107 HAMMOND LANE SUITE 1 PLATTSBURGH,NY 12901	NONE	PC	SUPPORT GIRL GRANTS	250
OPERATION UNITE EDUCATION AND CULTURAL ARTS CENTER 360 COLUMBIA STREET HUDSON,NY 12534	NONE	PC	HEALTH AND WELLNESS INITIATIVE	500
HENRY HUDSON YOUTH SOCCER INC PO BOX 86 COXSACKIE,NY 12051	NONE	PC	SUPPORT VOLUNTEER COACHES AND LICENSING COURSES	250
THE RENSSELAERVILLE LIBRARY PO BOX 188 MAIN STREET RENSSELAERVILLE,NY 12147	NONE	PC	PURCHASE TV ENTERTAINMENT CENTER	500
HOPE FULL OF LIFE 2480 US ROUTE 9W RAVENA,NY 12143	NONE	PC	SUPPORT OF FOOD ASSISTANCE PROGRAM	250
ST MARK'S EVANGELICAL LUTHERAN CHURCH 8 STORM AVENUE HUDSON,NY 12534	NONE	PC	SUPPORT FOOD PANTRY	500
HUDSON-ATHENS LIGHTHOUSE PRESERVATION SOCIETY PO BOX 145 ATHENS,NY 12015	NONE	PC	SUPPORT HOLIDAY SEASON	1,000
HUDSON DAY CARE CENTER 10-12 WARREN STREET HUDSON,NY 12534	NONE	PC	SUPPORT DAY CARE SERVICES	100
TWIN COUNTY RECOVERY SERVICES INC 802 COLUMBIA STREET SUITE 2 HUDSON,NY 12534	NONE	PC	SUPPORT COMMUNITY HEALTH INITIATIVE	500
GREENE COUNTY RURAL HEALTH NETWORK 159 JEFFERSON HEIGHTS SUITE A112 CATSKILL,NY 12414	NONE	PC	SUPPORT HEALTHY WEIGHT INITIATIVE PROGRAM	1,000
GREENE ROOM PLAYERS PO BOX 535 HUNTER,NY 12442	NONE	PC	SUPPORT THEATER PROGRAM	250
HUDSON OPERA HOUSE 327 WARREN STREET HUDSON,NY 12534	NONE	PC	SUPPORT FREE ARTS & MUSIC PROGRAM FOR CHILDREN	250
HUDSON CHILDREN'S BOOK FESTIVAL 102 HARRY HOWARD AVENUE HUDSON,NY 12534	NONE	PC	SUPPORT OF CHILDREN'S BOOK FESTIVAL	500
LITERACY CONNECTIONS OF THE HUDSON VALLEY 400 STATE STREET HUDSON,NY 12534	NONE	PC	INSTRUCTIONAL MATERIALS	250
Total  3a				93,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HUDSON SENIOR HIGH SCHOOL 215 HARRY HOWARD AVENUE HUDSON,NY 12534	NONE	PC	PURCHASE GOOGLE CHROMEBOOKS FOR STUDENTS	500
MELLENVILLE VOLUNTEER FIRE COMPANY 479 ROUTE 217 HUDSON,NY 12534	NONE	PC	SPONSOR OF GOLF TOURNAMENT	500
RENSSELAERVILLE INSTITUTE 2 OAKWOOD PLACE MINDS ON DELMAR,NY 120542007	NONE	PC	SUPPORT WORKSHOP COSTS	1,000
MOUNTAIN TOP LIBRARY PO BOX 427 6093 MAIN STREET TANNERSVILLE,NY 12485	NONE	PC	SUPPORT EDUCATION PROGRAMS	500
NORTHERN CATSKILL YOUTH ASSOCIATION PO BOX 186 CAIRO,NY 12413	NONE	PC	PURCHASE COMPUTER	1,000
PEOPLE'S PLACE 17 SAINT JAMES STREET KINGSTON,NY 12401	NONE	PC	SUPPORT BIRTHDAY BOOTH FOOD PANTRY PROGRAM	250
PHILMONT PUBLIC LIBRARY PO BOX 816 PHILMONT,NY 12565	NONE	PC	PURCHASE WIRELESS SCANNER	400
PLANET ARTS PO BOX 387 CATSKILL,NY 12414	NONE	PC	SUPPORT DEVELOPING MUSIC EDUCATION PROGRAMS	250
RCS SPORTS ASSOCIATION INC 2546 ROUTE 9W PO BOX 28 RAVENA,NY 12143	NONE	PC	CONSTRUCTION OF NEW CONCESSION STAND FOR RCS HIGH SCHOOL	250
THE CLAVERACK LIBRARY PO BOX 417 CLAVERACK,NY 12513	NONE	PC	SUPPORT NEW LIBRARY & COMMUNITY CENTER	1,000
THE COMMUNITY HOSPICE OF COLUMBIA-GREENE 47 LIBERTY STREET CATSKILL,NY 12414	NONE	PC	SUPPORT OF SERVICES	4,600
THE HEALTHCARE CONSORTIUM 325 COLUMBIA STREET SUITE 200 HUDSON,NY 12534	NONE	PC	COMMUNITY CANCER FUNDS	1,000
RESURRECTION LUTHERAN CHURCH PO BOX 563 CAIRO,NY 12413	NONE	PC	SUPPORT FOOD/SNACK PROGRAM IN THE CAIRO ELEMENTARY SCHOOL	500
RIP VAN WINKLE COUNCIL BOY SCOUTS 102 VINCENT LANE STONE RIDGE,NY 12484	NONE	PC	SUPPORT CAMP ACTIVITIES AT CAMP TRI-MOUNT	500
TOWN OF CLERMONT 1795 ROUTE 9 GERMANTOWN,NY 12526	NONE	PC	PURCHASE STORAGE CABINET	350
Total  3a				93,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TOWN OF NEW BALTIMORE 3809 COUNTY ROUTE 51 HANNACROIX,NY 12087	NONE	PC	SUPPORT OF YOUTH SUMMER PROGRAM	500
SPEIGLETOWN FIRE DISTRICT BOARD OF FIRE COMMISS 146 SPEIGLETOWN ROAD TROY,NY 12182	NONE	PC	PURCHASE TWO FIRE EXHAUST FANS	500
TOWN OF LIVINGSTON PO BOX 65 LIVINGSTON,NY 12541	NONE	PC	SUPPORT ANNUAL TOWN NEWSLETTER	500
THE TRIUMPH ORGANIZATION 10 LIPTON STREET KINGSTON,NY 12401	NONE	PC	SUPPORT MARTIAL ARTS SCHOLARSHIPS FOR STUDENTS	100
ULSTER COUNTY COMMUNITY ACTION 70 LINDSLEY AVENUE KINGSTON,NY 12401	NONE	PC	SUPPORT MOBIL FOOD PANTRY	250
UNITED WAY OF COLUMBIA AND GREENE COUNTIES PO BOX 718 CATSKILL,NY 12414	NONE	PC	SUPPORT LEO LASHER CATFISH DERBY	1,000
VILLAGE OF PHILMONT 124 MAIN STREET PHILMONT,NY 12565	NONE	PC	SUPPORT OPERATING EXPENSES	250
WASHINGTON IRVING SENIOR CENTER 15 ACADEMY STREET CATSKILL,NY 12414	NONE	PC	SUPPORT PROGRAMS FOR SENIORS	500
WINDHAM ARE RECREATION FOUNDATION 61 STATE RTOUTE 296 WINDHAM,NY 12496	NONE	PC	SUPPORT DEVELOPMENT OF THE RECREATIONAL WINDHAM PATHS THROUGH THE MOUNTAINS	500
JEWISH FEDERATION OF NORTHEASTERN NY GOLUB CENTER 184 WASHINGTON AVENUE EXTENSION ALBANY,NY 12203	NONE	PC	SUPPORT COMMUNITY EVENTS	100
JUNIOR LEAGUE OF KINGSTON PO BOX 1214 KINGSTON,NY 12402	NONE	PC	REBUIDING OF PLAYGROUND AT FORSYTH PARK	500
Total  3a				93,900

TY 2014 Accounting Fees Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION
EIN: 14-1810419

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,595			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name:

BANK OF GREENE COUNTY
CHARITABLE FOUNDATION

EIN:

14-1810419

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name:

BANK OF GREENE COUNTY
CHARITABLE FOUNDATION

EIN:

14-1810419

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GREENE COUNTY BANCORP INC COM			2014-12		153	23			130	
GREENE COUNTY BANCORP INC COM			2015-06		3,093	454			2,639	

TY 2014 Investments Corporate Stock Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION

EIN: 14-1810419

Name of Stock	End of Year Book Value	End of Year Fair Market Value
GREENE COUNTY SAVINGS BANK	334,262	2,092,989
MUTUAL FUNDS INVEST MARKTPLACE	115,360	126,648

TY 2014 Other Decreases Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION
EIN: 14-1810419

Description	Amount
ADJUSTMENT TO BASIS FROM PRIOR YEAR	237

TY 2014 Other Expenses Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION
EIN: 14-1810419

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE	142			

TY 2014 Other Income Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION
EIN: 14-1810419

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GRANTS RETURNED	100		

TY 2014 Substantial Contributors Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION
EIN: 14-1810419

Name	Address
BANK OF GREENE COUNTY	PO BOX 470 CATSKILL,NY 12414

TY 2014 Taxes Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION

EIN: 14-1810419

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEES	250			
FEDERAL TAXES	1,120			
DELAWARE CORPORATION TAX	365			
CONNECTICUIT CORPORATION TAX	25			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2014

Name of the organization BANK OF GREENE COUNTY CHARITABLE FOUNDATION	Employer identification number 14-1810419
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 other 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 33¹/₃% 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, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
14-1810419

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF GREENE COUNTY PO BOX 470 CATSKILL, NY 12414	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization BANK OF GREENE COUNTY CHARITABLE FOUNDATION	Employer identification number 14-1810419
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part 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
_____	_____ _____ _____ _____	_____ \$	_____
(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
_____	_____ _____ _____ _____	_____ \$	_____

Name of organization BANK OF GREENE COUNTY CHARITABLE FOUNDATION	Employer identification number 14-1810419
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	