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For calendar year 2015, or tax year beginning 07-01-2015 , and ending 06-30-2016

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		Room/suite	BT 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	
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 2. Foreign organizations meeting the 85% test, check here and attach computation	
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	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,325,293		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	100,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	447	447		
	4 Dividends and interest from securities	57,657	57,657		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	40,151			
	b Gross sales price for all assets on line 6a _____ 46,533				
	7 Capital gain net income (from Part IV, line 2)		40,151		
	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)				
	12 Total. Add lines 1 through 11	198,255	98,255		
	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).	1,750	0	0	0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,863			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	148			
	24 Total operating and administrative expenses. Add lines 13 through 23	3,761	0	0	0
	25 Contributions, gifts, grants paid	110,950			110,950
	26 Total expenses and disbursements. Add lines 24 and 25	114,711	0	0	110,950
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	83,544			
	b Net investment income (if negative, enter -0-)		98,255		
	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	90,605	45,342	45,342
	2	Savings and temporary cash investments		130,338	130,338
	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)	449,622	448,091	2,149,613
	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)	540,227	623,771	2,325,293	
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	540,227	623,771	
	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)	540,227	623,771	
	31	Total liabilities and net assets/fund balances(see instructions)	540,227	623,771	

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)	1 540,227
2	Enter amount from Part I, line 27a	2 83,544
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 623,771
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 623,771

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	GREENE COUNTY BANCORP, INC	D		2015-12-04
b	GREENE COUNTY BANCORP, INC	D		2015-12-07
c	GREENE COUNTY BANCORP, INC	D		2015-12-08
d	GREENE COUNTY BANCORP, INC	D		2016-02-18
e	CAPITAL GAIN DIVIDENDS	P		

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 31,952		4,534	27,418
b 10,386		1,438	8,948
c 31		5	26
d 3,109		405	2,704
e			1,055

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
a			27,418
b			8,948
c			26
d			2,704
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	40,151
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))
2014	93,900	2,190,324	0 04287
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

2	Total of line 1, column (d).	2	0 222141
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 044428
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	2,444,481
5	Multiply line 4 by line 3.	5	108,603
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	983
7	Add lines 5 and 6.	7	109,586
8	Enter qualifying distributions from Part XII, line 4.	8	110,950

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 VI

Excise 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 ☐ 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 ☒ and enter 1% of Part I, line 27b

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-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

1,148

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

1,148

8

Enter any **penalty** for underpayment of estimated tax. Check here ☐ 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

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**.

10

165


11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** ☐ 165 **Refunded** ☐

11

Part 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 in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <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>			No
1b				No
c	Did the foundation file Form 1120-POL for this year?			No
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? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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 checked="" type="checkbox"/> DE, 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 2015 or the taxable year beginning in 2015 (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

Form 990-PF (2015)

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 and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2015, 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)? Organizations relying on a current notice regarding disaster assistance check here. ► <input 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 2015?	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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <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 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		
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 2015?	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))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

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)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐ Yes ☒ No

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? ☐ Yes ☒ No

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? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **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? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances

Total number of other employees paid over \$50,000. ☐ Yes ☒ No

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	2,348,564
b	Average of monthly cash balances.	1b	133,143
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,481,707
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	2,481,707
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	37,226
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,444,481
6	Minimum investment return. Enter 5% of line 5.	6	122,224

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	122,224
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	983
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	983
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	121,241
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	121,241
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	121,241

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	110,950
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	110,950
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	983
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	109,967

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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				121,241
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			108,257	
b Total for prior years 2013 , 2012 , 2011				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				0
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 110,950				
a Applied to 2014, but not more than line 2a			108,257	
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 2015 distributable amount.				2,693
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2015 (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	0			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				118,548
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2011.				
b Excess from 2012.				
c Excess from 2013.				
d Excess from 2014.				
e Excess from 2015.	0			

Part XIV

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☐ 4942(j)(3) or ☐ 4942(j)(5)

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

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 PRECEDING 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)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>▶ 3a</div>	110,950
<div>b Approved for future payment</div>				
<div>Total</div>			<div>▶ 3b</div>	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

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?

a Transfers from the reporting foundation to a noncharitable exempt organization of

b. Other transactions

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.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
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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?

b If "Yes," complete the following schedule

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.
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Paid Preparer Use Only	Print/Type preparer's name BRADLEY CUMMINGS	Preparer's Signature	Date 2016-12-05	Check if self-employed <input type="checkbox"/>	PTIN P00432821
	Firm's name <input type="checkbox"/> PATTISON KOSKEY HOWE & BUCCI CPA			Firm's EIN <input type="checkbox"/>	
	Firm's address <input type="checkbox"/> 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	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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 DUPILKA	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>				
Alcove Preservation Association PO Box 81 Alcove, NY 12007	None	PC	Construction of a kiosk at Valley Paper Mill Park in Alcove	100
Alliance for Positive Health 927 Broadway 344 MAIN STREET Albany, NY 12207	None	PC	2016 Columbia-Greene Garden Party Fundraiser	100
Always There Home Care 918 Ulster Avenue Kingston, NY 12401	None	PC	Purchase and implementation of two uninterrupted power supply (UPS) units	100
Alzheimer's Association of Northeastern NY 4 Pine West Plaza Albany, NY 12205	None	PC	2016 Columbia-Greene Walk to End	250
American Dance Institute 1570 E Jefferson Street Rockville, MD 20852	None	PC	Catskill redevelopment project - renovation of former Dunn Builders Supply warehouse	1,000
American Foundation for Suicide Prevention Capital PO Box 486 SUITE 10 East Greenbush, NY 12061	None	PC	2016 Columbia-Greene Out of the Darkness Community Walk	250
American Red Cross Northeastern New York Region 33 Everett Road Albany, NY 12205	None	PC	Disaster response and preparedness for Greene County	1,000
Animalkind PO Box 902 Hudson, NY 12534	None	PC	Medical care for injured, sick, and ill pets	500
Art School of Columbia County 1198 Route 21C Ghent, NY 12075	None	PC	Purchase equipment to improve/expand educational art exhibit space	100
Athens Cultural Center 24 Second Street Athens, NY 12015	None	PC	Expansion of arts programming in conjunction with the Village of Athens' Children's Summer Rec Program	500
The Autism Connection of Greene County PO Box 158 Coxsackie, NY 12051	None	PC	Children's summer club and support groups	1,000
Azalea Blossom Inc PO Box 117 Rensselaerville, NY 12147	None	PC	SAFE through the Arts program	100
Behold New Lebanon PO Box 565 122 CLINTON AVENUE New Lebanon, NY 12125	None	PC	Support of the first living museum of contemporary rural American life	100
Benedictine Health Foundation PO Box 2250 Kingston, NY 12401	None	PC	Support of 2016 Gala COMMUNITY WALK	2,000
Be Real About Injuries Now Programs Inc (BRAI) 721 Broadway CAPITAL REGION CHAPTER Kingston, NY 12401	None	PC	Brain injury and health education PREPAREDNESS INITIATIVES FOR GREENE COUNTY	100
Total ▶ 3a				110,950

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>				
Boy Scouts of America - Cub Scout Pack 103 PO Box 1745 Kingston, NY 12402	None	PC	Boy Scout Summer Camp PREPAREDNESS INITIATIVES FOR GREENE COUNTY	100
Boy Scouts of America - Rip Van Winkle Council 102 Vincent Ln Stone Ridge, NY 12484	None	PC	Activities at Camp Tri-Mount	750
Boy Scouts of America - Twin Rivers Council 253 Washington Ave Ext Albany, NY 12205	None	PC	Boy Scout activities and events	100
Breast Cancer Options Inc 101 Hurley Ave Kingston, NY 12401	None	PC	Support of educational health programs EVENTS	250
Bridge Street Theatre 44 West Bridge Street Catskill, NY 12414	None	PC	Purchase of lighting control device EVENTS	1,000
Camp Grace 45 Church Street Coxsackie, NY 12051	None	PC	Purchase of food and supplies for soup kitchen	500
Capital City Rescue Mission 259 South Pearl Street Albany, NY 12202	None	PC	Assistance with medicine for the homeless and poor	500
Capital District YMCA 465 New Karner Rd Albany, NY 12205	None	PC	Support of Greene County YMCA	10,000
Catholic Charities of Columbia & Greene Counties 431 East Allen Street Hudson, NY 12534	None	PC	Opening and initial operation of a food pantry at Catskill office	250
Catholic Charities Tri-County Services PO Box 28 Rensselaer, NY 12144	None	PC	Support of Hilltowns Community Resource Center food pantry	250
The Catskill Boxing Gym Inc 420 Main Street Catskill, NY 12414	None	PC	Renovations and equipment purchases	100
Catskill Community Center PO Box 389 Catskill, NY 12414	None	PC	Continued interior renovations LIBRARY	2,500
Catskill Educational Foundation PO Box 88 BRONCK MUSEUM/VEDDER RESEARCH LIBRA Catskill, NY 12414	None	PC	Support of innovative projects in the Catskill School District	500
Catskill Little League PO Box 808 218 SPRING STREET Catskill, NY 12414	None	PC	Assist with building a pavilion to surround batting cages	250
Catskill Mountain Foundation PO Box 924 Hunter, NY 12442	None	PC	Support of 2016 family programming FUNDRAISING EVENTS	1,000
Total ▶ 3a				110,950

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>				
Catskill Mountain Housing Development Corporation 448 Main Street TOWN OF GERMANTOWN Catskill, NY 12414	None	PC	Purchase of video surveillance equipment for Catskill apartment complex	500
Catskill Public Library 1 Franklin Street Catskill, NY 12414	None	PC	Follow That Book Program RECREATIONAL ACTIVITIES	500
Center for Spectrum Services 70 Kukuk Lane Kingston, NY 12401	None	PC	Support of Jubilee Fundraiser	100
Chatham Kids Club PO Box 221 Chatham, NY 12037	None	PC	Support of 2016 Summer Program	750
The Church of Saint Joseph 1820 US Route 9 Stuyvesant, NY 12173	None	PC	Support of food pantry in Stottville CLINIC	100
Civil Air Patrol Vanguard Composite Squadron PO Box 79 Freehold, NY 12431	None	PC	Training and education for cadets ARTS PROGRAMS	100
The Claverack Library 629 Route 23B Claverack, NY 12513	None	PC	Entertainment for the Summer Reading Program finale	500
COARC PO Box 2 Mellenville, NY 12544	None	PC	Produce and shoot a short film	1,000
Columbia County Agricultural Society Inc PO Box 257 Chatham, NY 12037	None	PC	Support of 2016 Columbia-County Fair	1,000
Columbia County Youth Theater Inc 45 Payn Avenue 7970 MAIN STREET Chatham, NY 12037	None	PC	Purchase of body mics and associated equipment	500
Columbia-Greene Community Foundation 4400 Route 23 Hudson, NY 12534	None	PC	Golf Tournament	4,800
Columbia-Greene Community Foundation 4400 Route 23 Hudson, NY 12534	None	PC	Gala	2,500
Columbia-Greene Hospital Foundation 71 Prospect Ave Hudson, NY 12534	None	PC	Gala/general expenses	3,600
Columbia-Greene Hospital Foundation 71 Prospect Ave Hudson, NY 12534	None	PC	Winter Blast	2,500
Columbia-Greene Humane SocietySPCA 111 Humane Society Road Hudson, NY 12534	None	PC	Support of annual summer Paw Picnic	500
Total ▶ 3a				110,950

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	Public conservation area program	500
Columbia Opportunities Inc 540 Columbia Street Hudson, NY 12534	None	PC	Support of Hudson Family Literacy Program	500
Common Ground Dispute Resolution 11 William Street Catskill, NY 12414	None	PC	Support of Forever Parents program	1,000
Community Action of Greene County Inc 7856 Route 9W Catskill, NY 12414	None	PC	General/discretionary funds	1,000
The Community Hospice of ColumbiaGreene 47 Liberty Street Catskill, NY 12414	None	PC	Support of services	4,600
Cornell Cooperative Extension of Columbia and Gree Agroforestry Res Ctr Acra, NY 12405	None	PC	Support of Down Home Dinner fundraising event	1,000
Court Appointed Special Advocates for Children (CA) 209 Clinton Avenue Kingston, NY 12401	None	PC	Mentor program for children in transition PROGRAM	100
Cultivate Catskill PO Box 622 Catskill, NY 12414	None	PC	Outdoor improvements to the Village of Catskill	1,500
D R Evarts Library District Inc 80 Second Street Athens, NY 12015	None	PC	Activities for children, teens, and adults	500
Family of Woodstock PO Box 3516 Kingston, NY 12402	None	PC	Regulated child care provider incentives	100
The Fortnightly Club of Catskill PO Box 21 Catskill, NY 12414	None	PC	Playground construction and maintenance efforts	1,000
Free Columbia 651 Harlemville Road Hillsdale, NY 12529	None	PC	Community puppet theater project	1,000
Friends of Beattie-Powers PO Box 453 Catskill, NY 12414	None	PC	Restoration and maintenance of Beattie-Powers Hist	250
Friends of Clermont 87 Clermont Avenue 400 STATE STREET Germantown, NY 12526	None	PC	Administrative/technology expenses EDUCATION CENTER	500
Germantown Central School After School Program 123 Main Street Germantown, NY 12526	None	PC	Support of after-school artistic activities EDUCATION CENTER	500
Total ▶ 3a				110,950

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>				
Germantown Library 31 Palatine Park Road Germantown, NY 12526	None	PC	Furniture for Makerspace area of the library	500
Greene County Aging Services Foundation Inc c/o Greene County Department of Hum SUITE 1 Catskill, NY 12414	None	PC	Medical transportation services for elderly and disabled to doctor/hospital appointments	1,000
Greene County Council on the Arts PO Box 463 Catskill, NY 12414	None	PC	Sponsorship of Beaux Arts Ball	4,200
Greene County Historical Society Inc (Bronk Museu 90 County Route 42 Coxsackie, NY 12051	None	PC	Restoration of Catskill Mountain House scale model	1,000
Greene County Rural Health Network 159 Jefferson Heights MAIN STREET Catskill, NY 12414	None	PC	Upcoming Healthy Weight Initiative projects	1,000
Greene County Women's League Cancer Patient Aid PO Box 341 Round Top, NY 12473	None	PC	Support of ""Ride for Kelli"" fundraising event	500
Greenville Beautification Committee PO Box 373 Greenville, NY 12083	None	PC	Greenville Cultural Center renovations	100
Greenville Educational Foundation PO Box 129 Greenville, NY 12083	None	PC	Maintenance of historic Potter Hollow One Room Schoolhouse	100
Health Alliance Foundation 396 Broadway Kingston, NY 12401	None	PC	Tulip Ball Sponsorship	2,000
The Healthcare Consortium 325 Columbia Street Hudson, NY 12534	None	PC	Support of Community Cancer Funds	1,000
Henry Hudson Youth Soccer Inc PO Box 86 SUITE A112 Coxsackie, NY 12051	None	PC	Purchase new soccer balls, goalie helmets, and related equipment	250
Hope Full Life Center 2480 US Rte 9W Ravena, NY 12143	None	PC	Support of Helping Harvest food assistance program	250
Hudson Area Association Library 400 State Street Hudson, NY 12534	None	PC	Language enrichment programs	500
Hudson-Athens Lighthouse Preservation Association PO Box 145 Athens, NY 12015	None	PC	Lighthouse lights	1,000
Hudson City School District - Montgomery C Smith 102 Harry Howard Avenue Hudson, NY 12534	None	PC	Field Trip to Tri Valley Cat baseball game	500
Total ▶ 3a				110,950

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>				
Hudson City School District - Hudson Senior High S Attn Robotics Team Hudson, NY 12534	None	PC	Support of ""Weapons of Mass Construction"" Robotics Team	500
Hudson Dollars for Scholars PO Box 1048 Hudson, NY 12534	None	PC	Support of training workshops and scholarship fundraising	1,000
Hudson Jazz Works Inc 338 Kipp Road Hudson, NY 12534	None	PC	Planning, expansion, and implementation of educational/artistic programs	500
Hudson Opera House 327 Warren Street 6093 MAIN STREET Hudson, NY 12534	None	PC	Support of free arts and music programs for children	250
Hudson Valley Senior Residence 80 Washington Avenue Kingston, NY 12401	None	PC	Purchase of equipment and supplies to upgrade nurses station	100
Hunter Foundation Inc PO Box 563 Tannersville, NY 12485	None	PC	General operating expenses	1,000
Hurley Heritage Society PO Box 1661 Hurley, NY 12443	None	PC	Marketing efforts for Rooster Auction	100
The Hurley Library PO Box 660 Hurley, NY 12443	None	PC	Construction and furnishing of new children's room	100
In Flight Inc 165 Dutchess Turnpike PO BOX 28 Poughkeepsie, NY 12603	None	PC	I-SAIL Program, and preperation for work, social integration, and independent living	1,000
Kaaterskill United Methodist Church PO Box 2250 Tannersville, NY 12485	None	PC	Community Garden signage	100
Kamp Kiwanis 9020 Kiwanis Road Taberg, NY 13471	None	PC	Scholarships for Greene County kids to attend Kamp Kiwanis	500
Kiskatom Reformed Church 4865 Route 32 SUITE 200 Catskill, NY 12414	None	PC	Advertising community space ELEMENTARY SCHOOL	250
Kiskatom Volunteer Fire Department 4838 Route 32 Catskill, NY 12414	None	PC	Restoration of antique fire truck ELEMENTARY SCHOOL	500
Kiwanis Kingston Classic PO Box 3161 Kingston, NY 12402	None	PC	Support of 2016 Kiwanis Kingston Classic race event	250
Longhouse Harvest 6 Warren Street Hudson, NY 12534	None	PC	Volunteer harvests and informational material	100
Total ▶ 3a				110,950

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				
MAC Fit Kids 9W By-pass Kingston, NY 12401	None	PC	Purchase of a Traverse wall for after school program	500
Mellenville Volunteer Fire Company PO Box 81 Mellenville, NY 12544	None	PC	Support of golf tournament	500
Minds On of the Rensselaerville Institute 63 Huyck Road Rensselaerville, NY 12147	None	PC	Support of workshop costs	1,000
Morris Memorial Association PO Box 184 Chatham, NY 12037	None	PC	Purchase of equipment/supplies for youth activities	200
Mountain Top Historical Society 5132 Rt 23A Haines Falls, NY 12436	None	PC	Expansion of archival services	500
Mountain Top Library 6093 Main Street Tannersville, NY 12485	None	PC	Educational programming for kids	500
NY Small Business Development Center at SUNY Ulste SUNY Ulster Business Resource Cente Kingston, NY 12401	None	PC	Annual training event	250
Northern Catskill Youth Association (Rip VanWinkle PO Box 186 Cairo, NY 12413	None	PC	Development of a new soccer field in Cairo (5 Year Commitment)	15,000
The Olana Partnership PO Box 199 Hudson, NY 12534	None	PC	Evaluation of school education program PATHS THROUGH THE MOUNTAINS	1,000
OMI International Arts Center 1405 County Route 22 184 WASHINGTON AVENUE EXTENSION Ghent, NY 12075	None	PC	Education Omi Program - art scholarships and summer camp	100
Operation Unite Education & Cultural Art Center 360 Columbia St Hudson, NY 12534	None	PC	Support of College Club Program - tutoring services	500
Our Community Cares PO Box 463 Ghent, NY 12075	None	PC	Care package program for financially needy	200
Palenville Fire Department Inc 719 Route 32A Palenville, NY 12463	None	PC	Maintenance Free Carbon Monoxide Detectors	500
Patriot Flight Inc PO box 190 Delmar, NY 12054	None	PC	Veteran flights to Washington, DC	250
Paws Unlimited Foundation 637 Murray Road Kingston, NY 12401	None	PC	Construction of a pet shelter	100
Total ▶ 3a				110,950

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				
People's Place Thrift Store & Food Pantry 17 St James Street Kingston, NY 12401	None	PC	Support of "Bag Summer Hunger" program	500
Perfect Ten After School Inc 32 Warren Street Hudson, NY 12534	None	PC	Support of after-school activities	100
Philmont Public Library PO Box 816 Philmont, NY 12565	None	PC	Purchase of double-sided copier	500
Phoenicia Festival of the Voice Foundation PO Box 327 Phoenicia, NY 12464	None	PC	Purchase of music stands and accommodations for performers	250
Planet Arts PO Box 387 Catskill, NY 12414	None	PC	Support existing and developing music education programs	250
The Reher Center for Immigrant Culture & History 1 Albany Avenue Kingston, NY 12401	None	PC	Immigrant Gifts to America summer program	100
The Rensselaerville Library 1459 County Rt 351 Rensselaerville, NY 12147	None	PC	Purchase of outdoor seating and tables	500
Resurrection Luthern Church PO Box 563 Cairo, NY 12413	None	PC	Support of food/snack program in the Cairo Elementary School	500
Roeliff Jansen Community Library 9091 Route 22 Hillsdale, NY 12529	None	PC	Laptop and software purchases	500
RUPCO 289 Fair Street Kingston, NY 12401	None	PC	Programming in seven owned/managed properties	100
St Marks Evangelical Luthern Church 8 Storm Ave Hudson, NY 12534	None	PC	Support of Travelin' Pantry and Mission Control	500
Stockport Volunteer Fire Company No 1 PO Box 158 Columbiaville, NY 12050	None	PC	Continued Fire Company Operations	250
Tannersville Area Health Committee PO Box 121 S Cairo, NY 12482	None	PC	Purchase of medical equipment	500
Thomas Cole National Historic Site 218 Spring Street Catskill, NY 12414	None	PC	New Studio Construction/Donor Wall Plaque	1,000
Town of New Baltimore 3809 County Rt 51 Hannacroix, NY 12087	None	PC	Support of summer youth program	500
Total ▶ 3a				110,950

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 Red Hook 7340 South Broadway Red Hook, NY 12571	None	PC	Annual Senior Picnic	500
The Triumph Organization PO Box 3182 Kingston, NY 12401	None	PC	Martial Arts scholarships for students	100
Twin County Recovery Services Inc 350 Power Avenue Hudson, NY 12534	None	PC	Support of community education health initiatives	500
Ulster County Community Action 70 Lindsley Ave Kingston, NY 12401	None	PC	Rental Assistance Program	500
Ulster County Italian American Foundation 237 Fair Street Kingston, NY 12401	None	PC	2016 Italian American Festival	100
Ulster County Regional Chamber of Commerce Foundat 214 Fair Street Kingston, NY 12401	None	PC	Youth Leadership Development Program	250
United Way of Columbia and Greene Counties PO Box 718 Catskill, NY 12414	None	PC	Support of Leo Lasher Catfish Derby	1,000
United Way of Ulster County 450 Albany Avenue Kingston, NY 12401	None	PC	Financial Stability Plus Program (housing, food, utility assistance)	250
Volunteer Firemen's Hall & Museum of Kingston PO Box 1501 Kingston, NY 12402	None	PC	Restoration of electrical system in 1934 Sanford Fire Engine	100
Xeroderma PigmentosumSociety Inc 437 Snyderstown Road Craryville, NY 12521	None	PC	Night camp for children/teens with light- sensitivity disorders	100
YMCA of Kingston and Ulster County 507 Broadway Kingston, NY 12401	None	PC	Kingston YMCA Farm Project	500
Zadock Pratt Museum PO Box 333 Prattsville, NY 12468	None	PC	Support of 2016 Exhibits and Events	1,500
Total ▶ 3a				110,950

TY 2015 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	1,750			

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

TY 2015 Depreciation Schedule

Name: BANK OF GREENE COUNTY
CHARITABLE FOUNDATION

EIN: 14-1810419

TY 2015 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	327,879	2,016,889
MUTUAL FUNDS INVEST MARKTPLACE	120,212	132,724

TY 2015 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	148			

TY 2015 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 2015 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	1,174			
DELAWARE CORPORATION TAX	25			
CONNECTICUIT CORPORATION TAX	414			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>BANK OF GREENE COUNTY CHARITABLE FOUNDATION</div>	<div>Employer identification number</div> <div>14-1810419</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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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).

Name of organization BANK OF GREENE COUNTY CHARITABLE FOUNDATION	Employer identification number 14-1810419
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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		\$ 100,000	Person <input checked="" type="checkbox"/>
	BANK OF GREENE COUNTY PO BOX 470		Payroll <input type="checkbox"/>
	CATSKILL, NY 12414		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)

Part II

(see instructions) Use duplicate copies of Part II if additional space is needed

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

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