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Return of Private Foundation

OMB No 1545-0052

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pfFor calendar year 2016 or tax year beginning 2016, and ending 20

Name of foundation <u>STERLING INSURANCE COMPANY FOUNDATION C/O COMMUNITY BANK NA 008132</u>		A Employer identification number <u>46-7199984</u>
Number and street (or P O box number if mail is not delivered to street address) <u>5 FORD AVE</u>		Room/suite -
City or town, state or province, country, and ZIP or foreign postal code <u>ONEONTA, NY 13820</u>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <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) ► \$ <u>896,124.</u>		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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)
Revenue		204,005.
1 Contributions, gifts, grants, etc., received (attach schedule)		
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		13,975. 13,975.
5a Gross rents		
b Net rental income or (loss)		
6a Net gain or (loss) from sale of assets not on line 10		7,431.
b Gross sales price for all assets on line 6a <u>270,192</u>		
7 Capital gain net income (from Part IV, line 2)		7,431.
8 Net short-term capital gain		
9 Income modifications		
10a Gross sales less returns and allowances		
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		225,411. 21,406.
Operating and Administrative Expenses		
13 Compensation of officers, directors, trustees, etc		3,226. 3,226.
14 Other employee salaries and wages		NONE NONE
15 Pension plans, employee benefits		NONE NONE
16a Legal fees (attach schedule)		300. NONE
b Accounting fees (attach schedule) <u>STMT 3</u>		300. NONE
c Other professional fees (attach schedule)		
17 Interest		
18 Taxes (attach schedule) (see instructions) <u>STMT 4</u>		704. 704.
19 Depreciation (attach schedule) and depletion		
20 Occupancy		
21 Travel, conferences, and meetings		NONE NONE
22 Printing and publications		NONE NONE
23 Other expenses (attach schedule) <u>STMT 5</u>		200. 200.
24 Total operating and administrative expenses		
Add lines 13 through 23		4,430. 3,226. NONE 1,204.
25 Contributions, gifts, grants paid		55,628. 55,628.
26 Total expenses and disbursements Add lines 24 and 25		60,058. 3,226. NONE 56,832.
27 Subtract line 26 from line 12		
a Excess of revenue over expenses and disbursements		165,353.
b Net investment income (if negative, enter -0-)		18,180.
c Adjusted net income (if negative, enter -0-)		

2/1/16

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	
Assets	1 Cash - non-interest-bearing	100,236.	127.	127.
	2 Savings and temporary cash investments	112,748.	140,858.	140,858.
	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 ►	NONE		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U S and state government obligations (attach schedule)	149,804.	149,612.	149,419.
	b Investments - corporate stock (attach schedule)	170,922.	283,282.	325,079.
	c Investments - corporate bonds (attach schedule)	24,232.	99,343.	99,175.
	11 Investments - land, buildings, and equipment basis ►			
	Less accumulated depreciation ► (attach schedule)			
	12 Investments - mortgage loans			
	13 Investments - other (attach schedule)	136,108.	186,154.	181,466.
	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 1)	694,050.	859,376.	896,124.
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)			NONE
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	694,050.	859,376.	
	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)	694,050.	859,376.	
	31 Total liabilities and net assets/fund balances (see instructions)	694,050.	859,376.	

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	694,050.
2 Enter amount from Part I, line 27a	2	165,353.
3 Other increases not included in line 2 (itemize) ►	3	
4 Add lines 1, 2, and 3	4	859,403.
5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 10	5	27.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	859,376.

Form 990-PF (2016)

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.)
1 a PUBLICLY TRADED SECURITIES					
b					
c					
d					
e					
(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 270,192.		262,761.	7,431.		
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			7,431.		
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		7,431.
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	{ 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 the instructions before making any entries.

(a) Base period years Calendar year for tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015			
2014			
2013			
2012			
2011			
2 Total of line 1, column (d)			2
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
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4
5 Multiply line 4 by line 3			5
6 Enter 1% of net investment income (1% of Part I, line 27b)			6
7 Add lines 5 and 6			7
8 Enter qualifying distributions from Part XII, line 4 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.			8

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 . . .	1	364.
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		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	2	364.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
3	Add lines 1 and 2	3	364.
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-	4	NONE
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	NONE
b	Exempt foreign organizations - tax withheld at source		
c	Tax paid with application for extension of time to file (Form 8868)		
d	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	7	NONE
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ► 9	9	364.
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 2017 estimated tax ► <input type="checkbox"/> NONE Refunded ► 11		

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		X
5		X
6		X
7		X
8b		X
9		X
10		X

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?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?
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

1c Did the foundation file **Form 1120-POL** for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a *conformed copy of the changes*

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T

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?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► **NY**

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation

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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a *schedule listing their names and addresses* **STMT 11**

Part VIIA Statements Regarding Activities (continued)

11	Yes	No
11		X
12		X
13	X	
Website address ▷ N/A		
14	The books are in care of ▷ Community Bank N.A. Telephone no ▷ (607) 433-4131	
	Located at ▷ 5 FORD AVE, ONEONTA, NY ZIP+4 ▷ 13820	
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	Yes	No
16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▷		

Part VIIB 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.

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"/>	
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 2016?	
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ▷ _____	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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.)	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▷ _____	
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 2016 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 2016)	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	
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 2016?	

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))?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?			5b	
Organizations relying on a current notice regarding disaster assistance check here		<input type="checkbox"/>			
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
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
Community Bank NA 5 Ford Ave, Oneonta, NY 13820	Trustee 1	3,226.	-0-	-0-

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
NONE		NONE	NONE	NONE

Total number of other employees paid over \$50,000 ► **NONE**

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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
NONE		NONE
Total number of others receiving over \$50,000 for professional services ►		NONE

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 PROVIDE FUNDS TO ASSIST CHARITABLE ORGANIZATIONS		
		55,628.
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	NONE	
2		
All other program-related investments. See instructions.		
3	NONE	
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	681,159.
b	Average of monthly cash balances	1b	64,572.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	745,731.
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	NONE
3	Subtract line 2 from line 1d	3	745,731.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,186.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	734,545.
6	Minimum investment return. Enter 5% of line 5	6	36,727.

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	36,727.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	364.
b	Income tax for 2016. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	364.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	36,363.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	36,363.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	36,363.

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	56,832.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,832.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,832.

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				36,363.
2 Undistributed income, if any, as of the end of 2016			NONE	
a Enter amount for 2015 only.				
b Total for prior years 20 14,20 20		NONE		
3 Excess distributions carryover, if any, to 2016.				
a From 2011	NONE			
b From 2012	NONE			
c From 2013	NONE			
d From 2014	11,055.			
e From 2015	32,724.			
f Total of lines 3a through e	43,779.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 56,832.				
a Applied to 2015, but not more than line 2a			NONE	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2016 distributable amount.	20,469.			36,363.
e Remaining amount distributed out of corpus.				
5 Excess distributions carryover applied to 2016 . (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	64,248.			
b Prior years' undistributed income. Subtract line 4b from line 2b.		NONE		
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		NONE		
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2015 Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017.				NONE
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)	NONE			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .	NONE			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	64,248.			
10 Analysis of line 9:				
a Excess from 2012	NONE			
b Excess from 2013	NONE			
c Excess from 2014	11,055.			
d Excess from 2015	32,724.			
e Excess from 2016	20,469.			

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

NOT APPLICABLE

a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ►

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

2a	Tax year	Prior 3 years			(e) Total
		(a) 2016	(b) 2015	(c) 2014	
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)(ii)					
(3) Largest amount of support from an exempt organization.					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation 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).)

N/A

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.

N/A

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:

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

c Any submission deadlines:

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

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 STATEMENT 27				55,628.
Total			► 3a	55,628.
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514	(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	
1	Program service revenue				
a					
b					
c					
d					
e					
f					
g	Fees and contracts from government agencies				
2	Membership dues and assessments				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities			14	13,975.
5	Net rental income or (loss) from real estate:				
a	Debt-financed property				
b	Not debt-financed property				
6	Net rental income or (loss) from personal property				
7	Other investment income				
8	Gain or (loss) from sales of assets other than inventory			18	7,431.
9	Net income or (loss) from special events				
10	Gross profit or (loss) from sales of inventory				
11	Other revenue a				
b					
c					
d					
e					
12	Subtotal. Add columns (b), (d), and (e)				21,406.
13	Total. Add line 12, columns (b), (d), and (e)			13	21,406.
(See worksheet in line 13 instructions to verify calculations.)					

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

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

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

**Sign
Here**

► Afternoon

104/20/2017

Date _____

► Trust Officer

Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

PATRICIA A LOWE					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

Schedule B
**(Form 990, 990-EZ,
or 990-PF)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2016

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990**Name of the organization**STERLING INSURANCE COMPANY FOUNDATION C/O**Employer identification number**46-7199984**Organization type (check one):****Filers of:**

Form 990 or 990-EZ

Section:

501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

STERLING INSURANCE COMPANY FOUNDATION C/O

Employer identification number
46-7199984

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	STERLING INSURANCE COMPANY 182 BARNERVILLE RD PO BOX 9 COBLESKILL, NY 12043-0009	\$ 94,981.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	CHUBB & SON, A DIV OF FEDERAL INS C 15 MOUNTAINVIEW RD WARREN, NJ 07059	\$ 4,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	STERLING INSURANCE COMPANY 182 BARNERVILLE RD PO BOX 9 COBLESKILL, NY 12043-0009	\$ 96,873.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	STERLING INSURANCE COMPANY 182 BARNERVILLE RD PO BOX9 COBLESKILL, NY 12043-0009	\$ 8,151.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

STERLING INSURANCE COMPANY FOUNDATION C/O

Employer identification number

46-7199984

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
1	115 shs White Mountain Ins Grp	\$ 94,981.	07/27/2016
3	1060 SHARES IDEX CORP	\$ 96,873.	12/20/2016
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	(b) Description of noncash property given	\$	
	(b) Description of noncash property given	\$	
	(b) Description of noncash property given	\$	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
AT&T INC	768.	768.
ABBVIE INC	456.	456.
AMGEN INC	300.	300.
APPLE INC NOTE 1.000% 05/03/18	250.	250.
BOEING CO COM	109.	109.
DAILY CASH MGMT INC	19.	19.
DAILY CASH MGMT FND	83.	83.
C H ROBINSON WORLDWIDE INC	174.	174.
CVS HEALTH CORP	43.	43.
CHEVRONTEXACO CORP COM	649.	649.
CHUBB CORP	57.	57.
CISCO SYSTEMS COM STK	396.	396.
CISCO SYSTEMS INC 2.600% 02/28/23	-217.	-217.
THE COCA COLA COMPANY COMMON STOCK	560.	560.
WALT DISNEY CO	71.	71.
DODGE & COX INTL STOCK FD	504.	504.
DOW CHEM CO COM	92.	92.
EXXON MOBIL CORP COM	596.	596.
GENERAL ELEC CO COM	460.	460.
GENERAL MLS INC COM	372.	372.
HOME DEPOT INC COM	69.	69.
INTEL CORP COM	520.	520.
ISHARES RUSSELL MIDCAP VALUE	395.	395.
ISHARES S & P MIDCAP 400 GR	91.	91.
ISHARES CORE MSCI EAFE ETF	343.	343.
J P MORGAN CHASE & CO COM	420.	420.
LOOMIS SAYLES BOND INSTL	467.	467.
MERCK & COMPANY INC	460.	460.
NIKE INC CLASS B	96.	96.
ORACLE CORP NOTE 2.500% 10/15/22	271.	271.
PFTZER INC COM	540.	540.
PROCTER & GAMBLE CO COM	267.	267.

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FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
PUBLIC SVC ENTERPRISE GROUP	328.	328.
T ROWE PRICE SMALL CAP GRWTH	5.	5.
ROYCE PENN MUTUAL FUND INV	29.	29.
SCHWAB US SMALL CAP ETF	72.	72.
SECTOR SPDR TR SBI INT-TECH	169.	169.
FL TAMPA BAY WSA REV 1.362% 10/01/18	341.	341.
TEXAS INSTRUMENTS INC NOTE 1.750% 05/01/	348.	348.
UNITED STATES TREASURY 0.625% 12/15/16	156.	156.
UNITED STATES TREASURY 1.500% 02/28/19	375.	375.
UNITED STATES TREASURY 1.375% 10/31/20	272.	272.
UNITED STATES TREASURY 1.375% 01/31/21	171.	171.
UNITED STATES TREASURY 0.750% 06/30/17	94.	94.
UNITED STATES TREASURY NOTE 0.250% 05/15	31.	31.
UNITED STATES TREASURY 1.000% 05/31/18	250.	250.
VANGUARD MORGAN GROWTH ADM	43.	43.
VANGUARD INFLATION PROT ADM	103.	103.
VANGUARD MSCI EMERGING MARKETS ETF	201.	201.
VANGUARD SHORT TERM CORP BOND ETF	501.	501.
VERIZON COMMUNICATIONS COM	682.	682.
CHUBB LTD	123.	123.
TOTAL	13,975.	13,975.

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE (NON-ALLOC)	300.			300.
TOTALS	300.	NONE	NONE	300.

FORM 990PF, PART I - TAXES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
FEDERAL TAX PAYMENT - PRIOR YE	631.	631.
FOREIGN TAXES ON QUALIFIED FOR	59.	59.
FOREIGN TAXES ON NONQUALIFIED	14.	14.
TOTALS	704.	704.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
OTHER NON-ALLOCABLE EXPENSE -	200.	200.
TOTALS	200.	200.

STERLING INSURANCE COMPANY FOUNDATION C/O

46-7199984

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
US TSY 1.5% 02/28/19	25,000.	25,137.
US TSY .75% 06/30/17	24,935.	25,013.
US TSY .25% 05/15/16		
US TSY 1.00% 05/31/18		
FL TAMPA BAY WSA REV 1.362% 10		
US TSY 1.375% 10/31/20		
US TSY 1.375% 01/31/21		
TOTALS	149,612.	149,419.

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STATEMENT 6

STERLING INSURANCE COMPANY FOUNDATION C/O

46-7199984

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
AT&T	12,834.	17,012.
ABBVIE INC	9,583.	12,524.
C H ROBINSON WORLDWIDE INC	5,403.	7,326.
CHEVRON	16,447.	17,655.
CHUBB CORP		
CISCO SYSTEMS INC	8,810.	12,088.
COCA COLA CO	15,055.	16,584.
EXXON MOBIL CORP	17,953.	18,052.
GENERAL ELECTRIC	12,282.	15,800.
GENERAL MILLS	9,459.	12,354.
INTEL CORP	11,821.	18,135.
PFIZER INC	14,763.	16,240.
VERIZON COMMUNICATIONS	13,958.	16,014.
MERCK & COMPANY	17,121.	17,661.
SPDR TECH SELECT SECTOR ETF	8,392.	9,672.
AMGEN	15,024.	14,621.
BOEING COMPANY	13,116.	15,568.
CVS HEALTH CORP	9,050.	7,891.
WALT DISNEY CO	9,926.	10,422.
DOW CHEMICAL	10,447.	11,444.
HOME DEPOT INC	12,650.	13,408.
JPMORGAN CHASE & CO	11,923.	17,258.
NIKE INC CL B	11,998.	10,166.
PROCTER & GAMBLE CO	7,651.	8,408.
PUBLIC SVC ENTERPRISE GRP	7,616.	8,776.
TOTALS	283,282.	325,079.

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STATEMENT 7

STERLING INSURANCE COMPANY FOUNDATION C/O

46-7199984

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
APPLE INC 1% 05/03/18	24,232.	24,906.
CISCO SYSTEMS INC 2.60% 02/28/	24,809.	24,813.
ORACLE CORP 2.50% 10/15/22	25,363.	24,732.
TEXAS INSTRUMENTS 1.75% 05/01/	24,939.	24,724.
TOTALS	99,343.	99,175.

STERLING INSURANCE COMPANY FOUNDATION C/O

46-7199984

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	COST/ FMV C OR F	BOOK VALUE	ENDING FMV
DODGE & COX INTL STOCK FD	C	25,000.	21,349.
ISHARES RUSSELL MIDCAP VALUE	C	22,224.	24,129.
LOOMIS SAYLES BOND INSTL	C	25,000.	22,128.
ROYCE PENN MUTUAL FUND INV	C	10,000.	8,059.
VANGUARD FIXED INCOME SEC'S INF	C	4,940.	4,837.
VANGUARD MSCI EMERGING MARKETS	C	8,335.	7,156.
VANGUARD SHORT TERM CORP BOND	C	24,050.	23,811.
T ROWE PRICE DIVERS SC GRWTH	C	19,000.	19,757.
VANGUARD MORGAN GROWTH ADM	C	5,000.	4,443.
ISHARES S&P MIDCAP 400 GR	C	21,189.	22,775.
ISHARES CORE MSCI EAFE ETF	C	10,290.	10,726.
SCHWAB US SMALL CAP ETF	C	11,126.	12,296.
TOTALS		186,154.	181,466.

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

=====

DESCRIPTION

AMOUNT

AMORTIZATION ON ORACLE BOND 24.
ADJUST DUE TO ROUNDING 3.

TOTAL

27.

=====

STATEMENT 10

STERLING INSURANCE COMPANY FOUNDATION C/O

46-7199984

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

=====

NAME AND ADDRESS

STERLING INSURANCE COMPANY
182 BARNERVILLE RD PO BOX 9
COBLESKILL, NY 12043-0009

STERLING INSURANCE COMPANY
182 BARNERVILLE RD PO BOX 9
COBLESKILL, NY 12043-0009

STERLING INSURANCE COMPANY
182 BARNERVILLE RD PO BOX9
COBLESKILL, NY 12043-0009

STATEMENT 11

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STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

46-7199984

RECIPIENT NAME:
MARATHON FOR A BETTER LIFE
ADDRESS:
PO BOX 268
WARNERVILLE, NY 12187
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE FINANCIAL SUPPORT
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:
NEW YORK INSURANCE SCHOLARSHIP FOUNDATION
ADDRESS:
130 WASHINGTON AVENUE
ALBANY, NY 12210
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
FOR ONGOING EDUCATIONAL ASSISTANCE
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:
PEACEFUL ACRES HORSES INC
ADDRESS:
3740 RYNEX CORNERS RD
PATTERSONVILLE, NY 12137
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
AID IN THE CARE OF RESCUED HORSES
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 125.

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STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

46-7199984

RECIPIENT NAME:
RICHMONDVILLE VOLUNTEER EMERGENCY SQUAD
ADDRESS:
PO BOX 11
RICHMONDVILLE, NY 12149
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
ASSIST IN ITS PROVISION OF EMERGENCY SERVICES
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:
RONALD MCDONALD HOUSE CHARITIES
ADDRESS:
139 SOUTH LAKE AVE
ALBANY, NY 12208
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
TO SUPPORT ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 250.

RECIPIENT NAME:
ROTARY CLUB OF COBLESKILL
ADDRESS:
PO BOX 69
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
TO SUPPORT ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 750.

STATEMENT 13

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

=====

RECIPIENT NAME:
CATSKILL AREA HOSPICE & PALLIATIVE CARE
ADDRESS:
ONE BIRCHWOOD DRIVE
ONEONTA, NY 13820
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
FINANCIAL SUPPORT OF ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,825.

RECIPIENT NAME:
AMERICAN DIABETES ASSOCIATION
ADDRESS:
1701 N BEAUREGARD STREET
ALEXANDRIA, VA 22311
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 300.

RECIPIENT NAME:
COBLESKILL UMC FOOD PANTRY
ADDRESS:
107 CHAPEL STREET, SUITE 1
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 200.

STATEMENT 14

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

46-7199984

RECIPIENT NAME:
IROQUOIS INDIAN MUSEUM
ADDRESS:
PO BOX 7, 324 CAVERNS ROAD
HOWES CAVE, NY 12092
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE FINANCIAL SUPPORT TO THE MUSEUM
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,800.

RECIPIENT NAME:
LANDIS ARBORETUM
ADDRESS:
PO BOX 186, LAPE ROAD
ESPERANCE, NY 12066
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
FUNDRAISER AT GRAPEVINE FARMS
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:
LITERACY NEW YORK
ADDRESS:
PO BOX 852
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,600.

STATEMENT 15

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

=====

RECIPIENT NAME:
REGIONAL FOOD BANK OF NENY
ADDRESS:
965 ALBANY-SHAKER ROAD
LATHAM, NY 12110
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 50.

RECIPIENT NAME:
AYERS MEMORIAL ANIMAL SHELTER
ADDRESS:
133 HILLTOP ROAD
SPRAKERS, NY 12166
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
ASSIST IN CARE OF SHELTER ANIMALS
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 150.

RECIPIENT NAME:
CATHOLIC CHARITIES OF DELAWARE & OTSEGO
COUNTIES
ADDRESS:
489 WEST MAIN ST
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,575.

STATEMENT 16

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

=====

RECIPIENT NAME:
WAMC NORTHEAST PUBLIC RADIO
ADDRESS:
3185 CENTRAL AVE
ALBANY, NY 12206
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100.

RECIPIENT NAME:
THE JOSHUA PROJECT
ADDRESS:
111 WELLS AVE PO BOX 311
MIDDLEBURGH, NY 12122
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:
BSA - TROOP 264
ADDRESS:
488 ALTAMONT BLVD
ALTAMONT, NY 12009
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR TROOP'S ACTIVITIES
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 500.

STATEMENT 17

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

46-7199984

RECIPIENT NAME:
ANIMAL SHELTER OF SCHOHARIE VALLEY
ADDRESS:
PO BOX 40
HOWES CAVE, NY 12092
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
ASSIST IN CARE OF SHELTER ANIMALS
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 650.

RECIPIENT NAME:
SCHOHARIE COUNTY ARC
ADDRESS:
PO BOX 307
SCHOHARIE, NY 12157
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 3,125.

RECIPIENT NAME:
COBLESKILL PARTNERSHIP INC
ADDRESS:
PO BOX 10
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 2,000.

STATEMENT 18

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:
SCHOHARIE COUNTY CHILD DEVELOPMENT
COUNCIL
ADDRESS:
11 LARK STREET
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:
EXCHANGE CLUB OF COBLESKILL
ADDRESS:
4949 STATE ROUTE 145
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 250.

RECIPIENT NAME:
SCHOHARIE COUNTY HISTORICAL SOCIETY
ADDRESS:
145 FORT ROAD
SCHOHARIE, NY 12157
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 500.

STATEMENT 19

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:
SUNY COBLESKILL FOUNDATION
ADDRESS:
106 SUFFOLK CIRCLE
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 2,550.

RECIPIENT NAME:
WOUNDED WARRIOR PROJECT INC
ADDRESS:
4899 BETFORD RD SUITE 300
JACKSONVILLE, FL 32256-0633
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 190.

RECIPIENT NAME:
YO-DREN MEMORIAL GOLF TOURNAMENT
ADDRESS:
449 ENDERS AVE
HOWES CAVE, NY 12092
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR FUNDRAISER
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 450.

STATEMENT 20

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
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46-7199984

RECIPIENT NAME:
HERO FUND OF AMERICA
ADDRESS:
PO BOX 121
SHARON SPRINGS, NY 13459
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 200.

RECIPIENT NAME:
ASPCA FOUNDERS SOCIETY
ADDRESS:
PO BOX 96929
WASHINGTON DC, DC 20090
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 500.

RECIPIENT NAME:
THE ROLPHIE FUND
ADDRESS:
665 BUSH STREET
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100.

STATEMENT 21

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
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46-7199984

RECIPIENT NAME:

ST JUDE CHILDREN'S RESEARCH HOSPITAL

ADDRESS:

2 PINE WEST PLAZA, SUITE 202

ALBANY, NY 12205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 250.

RECIPIENT NAME:

LITTLE LAWS BIG DREAMS

ADDRESS:

868 MINERAL SPRINGS ROAD

COBLESKILL, NY 12043

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 125.

RECIPIENT NAME:

THE COMMUNITY LIBRARY

ADDRESS:

PO BOX 219 UNION STREET

COBLESKILL, NY 12043-0219

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 1,000.

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:
FAM "FUND" RUN/WALK
ADDRESS:
PO BOX 399
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
TO SUPPORT FUNDRAISER
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:
SCHOHARIE-RICHMONDVILLE EDUCATION
FOUNDATION
ADDRESS:
155 WASHINGTON AVENUE
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:
SCHOHARIE COUNTY CHRISTMAS FOR KIDS
ADDRESS:
PO BOX 413
MIDDLEBURGH, NY 12122
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 1,000.

STATEMENT 23

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:
CURE CHILDHOOD CANCER ASSOCIATION
ADDRESS:
200 WESTFALL ROAD
ROCHESTER, NY 14620
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 100.

RECIPIENT NAME:
DONATE LIFE AMERICA
ADDRESS:
701 EAST BYRD ST 16TH FLOOR
RICHMOND, VA 23219
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID 250.

RECIPIENT NAME:
SCHOHARIE COUNTY COMM ACTION PROGRAM
ADDRESS:
795 E MAIN ST, SUITE 5
COBLESKILL, NY 12043
RELATIONSHIP:
NONE
PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION
FOUNDATION STATUS OF RECIPIENT:
NC
AMOUNT OF GRANT PAID 350.

STATEMENT 24

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:
UNIVERSITY OF ALBANY FOUNDATION

ADDRESS:
1400 WASHINGTON AVE, UAB 226
ALBANY, NY 12222

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 100.

RECIPIENT NAME:
THE INSTITUTE

ADDRESS:
4200 PROVIDENCE RD, SUITE 100
MALVERN, PA 19355-3433

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
NC

AMOUNT OF GRANT PAID 438.

RECIPIENT NAME:
ST CATHERINES CENTER FOR CHILDREN

ADDRESS:
40 NORTH MAIN AVE
ALBANY, NY 12203

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 250.

STATEMENT 25

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

46-7199984

RECIPIENT NAME:
CCE SCHOHARIE AND OTSEGO COUNTIES

ADDRESS:
173 SOUTH GRAND ST, SUITE 1
COBLESKILL, NY 12043

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 100.

RECIPIENT NAME:
SCHOHARIE COUNTY COUNCIL ON ALCOHOLISM

ADDRESS:
349 MINERAL SPRINGS RD
COBLESKILL, NY 12043

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 250.

RECIPIENT NAME:
AMERICAN FOUNDATION FOR PREVENTION OF
SUICIDE

ADDRESS:
120 WALL STREET 29TH FLOOR
NEW YORK, NY 10005

RELATIONSHIP:
NONE

PURPOSE OF GRANT:
PROVIDE SUPPORT FOR ORGANIZATION'S MISSION

FOUNDATION STATUS OF RECIPIENT:
PC

AMOUNT OF GRANT PAID 25.

STATEMENT 26

STERLING INSURANCE COMPANY FOUNDATION C/O
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

46-7199984

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RECIPIENT NAME:

 FRIENDS OF BASSETT

ADDRESS:

 ONE ATWELL ROAD
 COOPERSTOWN, NY 13326

RELATIONSHIP:

 NONE

PURPOSE OF GRANT:

 MATCHING CONTRIBUTION FOR EMERGENCY ROOM

FOUNDATION STATUS OF RECIPIENT:

 PC

AMOUNT OF GRANT PAID 25,650.

TOTAL GRANTS PAID: 55,628.

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STATEMENT 27