

**Form 990-PF**

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2017

## Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation STERLING INSURANCE COMPANY FOUNDATION CO COMMUNITY BANK NA 008132		A Employer identification number 46-7199984			
Number and street (or P O box number if mail is not delivered to street address) 5 FORD AVE		B Telephone number (see instructions)			
City or town, state or province, country, and ZIP or foreign postal code ONEONTA, NY 13820		C If exemption application is pending, check here ► <input type="checkbox"/>			
<b>G Check all that apply</b> <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		<b>D 1. Foreign organizations, check here ► <input type="checkbox"/></b> <b>2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></b> <b>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></b> <b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></b>			
<b>H Check type of organization</b> <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					
<b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,109,859</b>		<b>J Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			
<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b> 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► <input checked="" 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 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 27,488 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 <b>Total.</b> Add lines 1 through 11		1,408			
		5,046	5,046		
		14,434	14,434		
		2,553			
			2,553		
		23,441	22,033		
<b>Operating and Administrative Expenses</b> 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) c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23		4,686	4,686		
		300			300
		364			364
		262			262
		5,612	4,686		926
		76,208			76,208
		81,820	4,686		77,134
27 Subtract line 26 from line 12 a <b>Excess of revenue over expenses and disbursements</b> b <b>Net investment income</b> (if negative, enter -0-) c <b>Adjusted net income</b> (if negative, enter -0-)		-58,379			
			17,347		

	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 . . . . .		127	184	184
	2 Savings and temporary cash investments . . . . .		140,858	8,311	8,311
	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)		149,612	223,650	223,267
	b Investments—corporate stock (attach schedule) . . . . .		283,282	356,575	664,679
	c Investments—corporate bonds (attach schedule) . . . . .		99,343	99,286	99,734
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans . . . . .				
	13 Investments—other (attach schedule) . . . . .		186,154	112,991	113,684
	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)		859,376	800,997	1,109,859
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 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 ► <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds . . . . .		859,376	800,997	
	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) . . . . .		859,376	800,997	
	31 Total liabilities and net assets/fund balances (see instructions) . . . . .		859,376	800,997	

## 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	859,376
2	Enter amount from Part I, line 27a . . . . .	2	-58,379
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3 . . . . .	4	800,997
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	800,997

**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.)
<b>1 a</b> 25000 Us TREASURY NOTE 75%		P	2014-02-13	2017-06-30
<b>b</b> LT CAPITAL GAIN DISTRIBUTIONS MUTUAL		P	2012-06-15	2017-06-15
<b>c</b> ST CAPITAL GAIN DISTRIBUTION MUTUAL		P	2017-01-01	2017-12-01
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b> 25,000		24,935	65	
<b>b</b> 2,424			2,424	
<b>c</b> 64			64	
<b>d</b>				
<b>e</b>				
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	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
<b>a</b>			65	
<b>b</b>			2,424	
<b>c</b>			64	
<b>d</b>				
<b>e</b>				
<b>2</b> 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	2,553
<b>3</b> 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				

**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

 Yes  No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

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))
2016	56,832	734,545	0 07737
2015	59,142	536,194	0 11030
2014	38,607	555,677	0 06948
2013			
2012			
<b>2</b> Total of line 1, column (d)			0 257147
<b>3</b> 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			0 085716
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			987,946
<b>5</b> Multiply line 4 by line 3			84,683
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			173
<b>7</b> Add lines 5 and 6			84,856
<b>8</b> Enter qualifying distributions from Part XIII, line 4			77,134

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 instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	347
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	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2.	3	347
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	347
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
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	
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> ► ►	9	347
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> ► ►	10	
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b	Yes	No
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>				
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
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? <i>If "Yes," attach a detailed description of the activities</i>	2	Yes	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	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
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	Yes	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) ► 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	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	Yes	

**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 ►N/A	13	Yes
14	The books are in care of ►COMMUNITY BANK NA	Telephone no ►(607) 433-4131	
Located at ►5 FORD AVENUE ONEONTA NY			ZIP+4 ►13820
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
16	At any time during calendar year 2017, 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 <b>any</b> 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.	1b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 2017?	1c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	2a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions) .	2b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> 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?	3a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 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 2017).	3b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2017?	4b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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))?	<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 <b>any</b> 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	No
	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 checked="" type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>				
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	No
	<i>If "Yes" to 6b, file Form 8870</i>				
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	No

<b>Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b>				
<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(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	(e) Expense account, (e) other allowances
COMMUNITY BANK NA 5 FORD AVE ONETONA, NY 13820	Trustee 1 00	4,686		
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> ►				
<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>				
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation		
NONE				
<b>Total number of others receiving over \$50,000 for professional services.</b> ►				
<b>Part IX-A Summary of Direct Charitable Activities</b>				
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				
<b>Part IX-B Summary of Program-Related Investments (see instructions)</b>				
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				
<b>Total. Add lines 1 through 3</b> ►				

**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	928,251
b	Average of monthly cash balances. . . . .	1b	74,740
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	1,002,991
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	1,002,991
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	15,045
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	987,946
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	49,397

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

**Part XI** organizations check here ►  and do not complete this part )

1	Minimum investment return from Part X, line 6. . . . .	1	49,397
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	347
b	Income tax for 2017 (This does not include the tax from Part VI). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	347
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	49,050
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	49,050
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	49,050

**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	77,134
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	77,134
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	77,134

**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 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				49,050
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .	11,055			
<b>d</b> From 2015. . . . .	32,724			
<b>e</b> From 2016. . . . .	20,469			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	64,248			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ► \$ 77,134				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				49,050
<b>e</b> Remaining amount distributed out of corpus	28,084			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	92,332			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018. . . . .				0
<b>7</b> 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) . . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a. . . . .	92,332			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .	11,055			
<b>c</b> Excess from 2015. . . . .	32,724			
<b>d</b> Excess from 2016. . . . .	20,469			
<b>e</b> Excess from 2017. . . . .	28,084			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

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

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

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

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

a The name, address, and telephone number or email 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**

Part XVI-A Analysis of Income-Producing Activities

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	(d) Amount	
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			14	5,046	
4 Dividends and interest from securities.			14	14,434	
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	2,553	
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).				22,033	
13 Total. Add line 12, columns (b), (d), and (e).				13	22,033
(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**

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

Other transactions

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

**(b) Amount involved:** **(c) Name of non-charitable exempt organization:** **(d) Description of transfers, transactions, and sharing arrangements:**

**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

**Sign  
Here**

\* \* \* \* \*

2018-02-20

\* \* \* \* :

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name  William J Scannell	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN  P00193468
	Firm's name ► Johnson Lauder & Savidge LLP				Firm's EIN ► 16-0919630
	Firm's address ► 2 Court Street 2nd Floor  Binghamton, NY 13901				Phone no (607) 723-8216

## 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)				
<b>a Paid during the year</b>				
MARATHON FOR A BETTER LIFE PO BOX 268 WARNERVILLE, NY 12187	NONE	NC	PROVIDE FINANCIAL SUPPORT	1,425
RONALD MCDONALD HOUSE CHARITIES 139 SOUTH LAKE AVE ALBANY, NY 12208	NONE	PC	TO SUPPORT OTGANIZATION'S MISSION	1,000
CATSKILL AREA HOSPICE PALLIATIVE CA 1 BIRCHWOOD DRIVE ONEONTA, NY 13820	NONE	PC	FINANCIAL SUPPORT OF ORGANIZATION'S MISSION	2,235
IROQUOIS INDIAN MUSEUM PO BOX 7 324 CAVERNS ROAD HOWES CAVE, NY 12092	NONE	PC	PROVIDE FINANCIAL SUPPORT TO THE MUSEUM	1,800
LANDIS ARBORETUM PO BOX 186 LAPE ROAD ESPERANCE, NY 12066	NONE	NC	FUNDRAISER AT GRAPEVINE FARMS	500
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
LITERACY NEW YORKPO BOX 852 COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,500
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	NONE	PC	PROVIDE SUPPORT OF ORGANIZATION'S MISSION	275
AYERS MEMORIAL ANIMAL SHELTER 133 HILLTOP ROAD SPRAKERS, NY 12166	NONE	PC	ASSIST IN CARE OF SHELTER ANIMALS	1,150
CATHOLIC CHARITIES OF DELWARE OTSEG 489 WEST MAIN ST COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	675
THE JOSHUA PROJECTPO BOX 413 MIDDLEBURGH, NY 12122	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	800
<b>Total . . . . .</b>			►	76,208
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
BS - TROOP 264488 ALTAMONT BLVD ALTAMONT, NY 12009	NONE	NC	PROVIDE SUPPORT FOR TROOP'S ACTIVITIES	500
ANIMAL SHELTER OF SCHOHARIE VALLEY PO BOX 40 HOWES CAVE, NY 12092	NONE	PC	ASSIST IN CARE OF SHELTER ANIMALS	2,225
SCHOHARIE COUNTY ARCPO BOX 307 SCHOHARIE, NY 12157	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	4,430
COBLESKILL PARTNERSHIP INC PO BOX 10 COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	5,200
SCHOHARIE COUNTY CHILD DEVELOPMENT 11 LARK STREET COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
<b>Total . . . . .</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
EXCHANGE CLUB OF COBLESKILL 4949 STATE ROUTE 145 COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
SCHOHARIE COUNTY HISTORICAL SOCIETY 145 FORT ROAD SCHOHARIE, NY 12157	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
SUNY COBLESKILL FOUNDATION 106 SUFFOLK CIRCLE COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	3,450
WOUNDED WARRIOR PROJECT INC 4899 BETFORD RD SUITE 300 JACKSONVILLE, FL 32256	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	600
YO-DREN MEMORIAL GOLF TOURNAMENT 449 ENDERS AVE HOWE CAVE, NY 12092	NONE	NC	PROVIDE SUPPORT FOR FUNDRAISER	250
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<i>a Paid during the year</i>				
HERO FUND OF AMERICA PO BOX 121 SHARON SPRINGS, NY 13459	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
ASPCA FOUNDERS SOCIETY 424 EAST 92ND STREET NEW YORK, NY 10128	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	450
LITTLE LAWS BIG DREAMS 868 MINERAL SPRINGS ROAD COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	125
THE COMMUNITY LIBRARY PO BOX 219 UNION STREET COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,000
<b>Total . . . . .</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
FAM FUND RUNWALKPO BOX 399 COBLESKILL, NY 12043	NONE	NC	TO SUPPORT FUNDRAISER	1,000
SCHOHARIE-RICHMONDVILLE EDUCATION 155 WASHINGTON AVENUE COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,300
SCHOHARIE COUNTY COMM ACTION PROGRA 795 E MAIN ST SUITE 5 COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	5,020
THE INSTITUTE 720 PROVIDENCE RD SUITE 100 MALVERN, PA 19355	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	438
ST CATHERINES CENTER FOR CHILDREN 40 NORTH MAIN AVE ALBANY, NY 12203	NONE	PC	PROVIDE SUPPORT FOR ORGANIATION'S MISSION	100
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
CCE SCHOHARIE AND OTSEGO COUNTIES 173 SOUTH GRAND ST SUITE 1 COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
AMERICAN FOUNDATION FOR PREVENTION 120 WALL STREET 29TH FLOOR NEW YORK, NY 10005	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
FRIENDS OF BASSETT ONE ATWELL ROAD COOPERSTOWN, NY 13326	NONE	PC	MATCHING CONTRIBUTION FOR EMERGENCY ROOM	25,300
WHMT4 GLOBAL VIEW TROY, NY 12180	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	290
THE SALVATION ARMY PO BOX 16310 ALBANY, NY 12212	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
<b>Total . . . . .</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
MIDDLEBURGH LIBRARY 323 MAIN ST MIDDLEBURGH, NY 12122	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
SCHOHARIE FREE LIBRARY 103 KNOWER AVE SCHOHARIE, NY 12157	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
ZION EVANGELICAL LUTHERAN CHURCH 153 NOTT TERRACE SCHEECTADY, NY 12308	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
SCHO WRIGHT AMBULANCE 388 MAIN ST SCHOHARIE, NY 12157	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
COBLESKILL-RICHMONDVILLE LITTLE LEA 120 WASHINGTON AVE COBLESKILL, NY 12043	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	400
<b>Total . . . . .</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
FIELDS OF GRACE OUTREACHPO BOX 48 MIDDLEBURGH, NY 12122	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	125
GILBOA FEST122 STRYKER ROAD GILBOA, NY 12076	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
SCHOHARIE AREA LONG TERM RECOVERY S 258 MAIN ST SCHOHARIE, NY 12157	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	3,000
BOY SCOUTS OF AMERICA 6134 STATE HWY 23 ONEONTA, NY 13820	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
TIMOTHY MURPHY PLAYHOUSE PO BOX 653 MIDDLEBURGH, NY 12122	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	110
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
PATHFINDER VILLAGE FOUNDATION 3 CHENANGO ROAD EDMESTON, NY 13335	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
AMERICAN RED CROSS TEXAS RELIEF PO BOX 37839 BOONE, IA 50037	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	75
VALATIE VOLUNTEER RESCUE SQUAD PO BOX 242 VALATIE, NY 12184	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
QUEECHY LAKE CLUB PO BOX 92 CANAAN, NY 12029	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
DUTCHESSE COUNTY SPCA 636 VIOLET AVE HYDE PARK, NY 12538	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	225
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
WEST FULTON ARTSPO BOX 60 WEST FULTON, NY 12194	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
FRIENDS OF THE OUTLET INCPO BOX 65 DRESDEN, NY 14441	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
CAZ-CARES INC101 NELSON ST CAZENOVIA, NY 13035	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
ARC OF WAYNE FOUNDATION 150 VAN BUREN ST NEWARK, NY 14513	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
YMCA OF THE GREATER TRI-VALLEY 701 SENECA ST ONEIDA, NY 13421	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
<b>Total . . . . .</b>			►	76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
THE BUS STOP CLUB PO BOX 473 EAST GREENBUSH, NY 12061	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
AMERICAN CANCER SOCIETY 1120 SOUTH HOODMAN ST ROCHESTER, NY 14620	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE CHICAGO, IL 60601	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
AMERICAN RED CROSS PO BOX 17021 BALTIMORE, MD 21297	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
BEAGLE FREEDOM PROJECT 4804 LAUREL CANYON BLVD NO 534 VALLEY VILLAGE, CA 91607	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
CITY MISSION OF SCHENECTADY 425 HAMILTON STREET SCHENECTADY, NY 12305	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
COBLESKILL RESCUE SQUAD 610 E MAIN ST COBLESKILL, NY 12043	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
FREE TO BE ME RESCUE 154 DELAWARE AVE DELMAR, NY 12054	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
FREEDOM SERVICE DOGS 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
HOPE HOSPICE PALLIATIVE CARE 1085 N MAIN ST PROVIDENCE, RI 02904	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
HUNTINGTON DISEASE SOCIETY OF AMERI 505 EIGHTH AVENUE 902 NEW YORK, NY 10018	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
LEATHERSTOCKING HONOR FLIGHT PO BOX 621 COBLESKILL, NY 12043	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
NC OF MISSING EXPLOITED CHILDREN 690 PRINCE STREET ALEXANDRIA, VA 22314	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
SUSQUEHANNA ANIMAL SHELTER 4841 NY-28 COOPERSTOWN, NY 13326	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	200
THE FRIENDS OF THE ARTS LEMOYNE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
CHENANGO MEMORIAL HOSPITAL 179 N BROAD ST NORWICH, NY 13815	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
THE MICHAEL J FOX FOUNDATION 469 7TH AVE 498 NEW YORK, NY 10018	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
IAB FOUNDATION 143-149 EAST MAIN ST EAST ISLIP, NY 11730	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
RICHMONDVILLE VOLUNTEER FIRE DEPT 288 MAIN ST RICHMONDVILLE, NY 12149	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
<b>Total . . . . .</b>				76,208
<b>3a</b>				

## 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)				
<b>a Paid during the year</b>				
RICHMONDVILLE HISTORICAL SOCIETY PO BOX 316 RICHMONDVILLE, NY 12149	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
ST CATHERINES CENTER FOR CHILDREN 40 N MAIN AVE ALBANY, NY 12203	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,000
FIELDS OF HONOR FOUNDATION 5800 N PATRIOT DR OWASSO, OK 74055	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
COBLESKILL REGIONAL HOSPITAL 178 GRANDVIEW DRIVE COBLESKILL, NY 12043	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
NORTHEAST AVIAN RESCUE 13 COUSE PLACE EAST GREENBUSH, NY 13335	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	60
<b>Total . . . . . ►</b>				76,208
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** STERLING INSURANCE COMPANY FOUNDATION  
CO COMMUNITY BANK NA 008132

**EIN:** 46-7199984

**Software ID:** 17005038

**Software Version:** 2017v2.2

## Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	300	0	0	300

## TY 2017 Other Expenses Schedule

**Name:** STERLING INSURANCE COMPANY FOUNDATION  
CO COMMUNITY BANK NA 008132

**EIN:** 46-7199984

**Software ID:** 17005038

**Software Version:** 2017v2.2

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CHECK CHARGE	162			162
NYS FILING FEES	100			100

# TY 2017 Substantial Contributors

## Schedule

**Name:** STERLING INSURANCE COMPANY FOUNDATION  
CO COMMUNITY BANK NA 008132

**EIN:** 46-7199984

**Software ID:** 17005038

**Software Version:** 2017v2.2

Name	Address
STERLING INSURANCE COMPANY	182 BARNERVILLE RD PO BOX 9 COBLESKILL, NY 12043

## TY 2017 Taxes Schedule

**Name:** STERLING INSURANCE COMPANY FOUNDATION  
CO COMMUNITY BANK NA 008132

**EIN:** 46-7199984

**Software ID:** 17005038

**Software Version:** 2017v2.2

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL EXCISE TAX	364			364