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

Department of the Treasury Internal Revenue Service

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 Go to www.irs.gov/Form990PF for instructions and the latest information

√ F	or ca	lend	ar year 2017 or tax year beginning	6/14 ,2017	, and ending 5/3		en a Lange mapechan
_					A A	Employer identification nu	mber
<u>1</u> , <	AKU FO	AKI ORD	ET S COLYER CHARITABLE TR AVE, PO BOX 430	UST	B	82-6779757 Telephone number (see ins	tructions)
Č	ONEC	NT	A, NY 13820			607-433-4185	,
					c	If exemption application is	pending, check here 🕨 🗓
G	Ch	eck	all that apply: X Initial return	Initial return of a form	ner public charity D	1 Foreign organizations, che	ok hara ► □
			Final return	Amended return			Ы
_	Ch	o ole :	Address change	Name change		2 Foreign organizations mee here and attach computation	ting the 85% test, check on ►
Н			type of organization: Section 50 ection 4947(a)(1) nonexempt charitable t	1(c)(3) exempt private for		If private foundation status	L was terminated
ī	Faii	mark	set value of all assets at end of year J Ac	counting method: X C		under section 507(b)(1)(A)	
	(fro		rt II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60	-month termination
	art		2,866,446. (Part I	, column (d) must be or		under section 507(b)(1)(B)), check here ►
LE	ан	E	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable
)		9	columns (b), (c), and (d) may not neces- carily equal the amounts in column (a)	, , , , , , , , , , , , , , , , , , , ,			purposes
)_		(see instructions).)				(cash basis only)
7	V S	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check If the foundation is not required to attach Sch. B	2,166,659.	<u> </u>		
7	<u>~</u>						
	7	3 4	Interest on savings and temporary cash investments	66,326.	66 226	(())(***************************************
,		1 -	a Gross rents	00,326.	66,326.	66,326.	
	ب		b Net rental income or (loss)				
(一般主と正見記述した		a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	25,623.			
e	Ž.	7	D Gross sales price for all assets on line 6a		25,623.		
ŭ	<u>į</u> N	8	Net short-term capital gain		25,025	3,617.	
	E E	9	Income modifications a Gross sales less				
5	ζ		allowances			F	SECEN/FI)
Ü	Ži		b Less Cost of goods sold .				
			C Gross profit or (loss) (attach schedule)			94	APT 1 0 7010
		''	Other Income (attach schedule)				OCT 1 9 2018
		12	Total. Add lines 1 through 11 .	2,258,608.	91,949.	69, 943-	TARENI IIT
		13 14		0.			וטוטבוע, טד
		15			·		
	A	16	a Legal fees (attach schedule)				
	D M		b Accounting fees (attach sch)				
0	N	17	c Other professional fees (attach sch) .SEE ST .1	23,761.	23,761.	23,761.	23,761.
OP E R A	S	18	Taxes (attach schedule)(see instrs)				
R A	Ř	19	Depreciation (attach	-			······
i	i	20	schedule) and depletion Occupancy				
N G	_	21	Travel, conferences, and meetings				
A N D	E X P	22 23	Printing and publications Other expenses (attach schedule)				
D	Ė	23	SEE STATEMENT 2	235.	235.		
	N S E	24	Total operating and administrative				
	Š	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV	23,996. 56,319.	23,996.	23,761.	23,761. 56,319.
		26	Total expenses and disbursements.				56,319.
_		37	Add lines 24 and 25	80,315.	23,996.	23,761.	80,080.
		27 	Subtract line 26 from line 12: Excess of revenue over expenses				
			and disbursements	2,178,293.	·······		
			Net investment income (if negative, enter -0-)		67,953.	46 100	
_			Adjusted net income (if negative, enter -0-) . perwork Reduction Act Notice, see insti		TEEA0504L 08/25/	46,182.	

Par	¥ 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
1 441	* *	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments			
•	3	Accounts receivable			
		Less: allowance for doubtful accounts			•
	4	Pledges receivable		······································	
	"	Less: allowance for doubtful accounts			, , , , , , , , , , , , , , , , , , ,
	_				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch).	,		
A		Less: allowance for doubtful accounts	`		1 ` ′ `
S	8	Inventories for sale or use			
Ē	9	Prepaid expenses and deferred charges			
A S E T S	10.	a Investments – U.S. and state government STATEMENT 3			<u> </u>
•		obligations (attach schedule)STATEMENT. 3		1,195,802	1,385,063.
		b Investments — corporate stock (attach schedule) STATEMENT 4		1,043,560	
		c Investments — corporate bonds (attach schedule)			
	111	Investments – land, buildings, and			
	''	equipment: basis	. , ,	,	1
	ŀ	Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis ►		******	
	ł	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)	0.	2,239,362	2,866,446.
	17	Accounts payable and accrued expenses		2,233,302	2,000,110.
ļ	18	Grants payable	.		┥ :
A B	19	Deferred revenue		·	
ı	20	Loans from officers, directors, trustees, & other disqualified persons			- ;
L		Mortgages and other notes payable (attach schedule)			- `
T	21			C1 0C0	
I E S	22	Other liabilities (describe SEE STATEMENT 5)		61,069	¬
<u> </u>	23	Total liabilities (add lines 17 through 22)	. 0.	61,069	·
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			2
NF	24	Unrestricted			
N F E U T N	25	Temporarily restricted			╡ ;
I NI	26	Permanently restricted			-
	}	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			,
A S S A E T A	27	Capital stock, trust principal, or current funds			
T A S N	28	Paid-in or capital surplus, or land, bldg , and equipment fund			7
C	29	Retained earnings, accumulated income, endowment, or other funds		2,178,293	7
O E R S	30	Total net assets or fund balances (see instructions)	0.	2,178,293	
κ 5	31	Total liabilities and net assets/fund balances		2,110,233	; ;
j		(see instructions)	0.	2,239,362	
Parl	in .	Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total	net assets or fund balances at beginning of year — Part II, colum	nn (a), line 30 (must agr	ee with	
	end-	of-year figure reported on prior year's return).		1	0.
2	Ente	r amount from Part I, line 27a	• •	2	
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3			2,178,293.
5	Decrea	ases 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	2,178,293.
					

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(a) List and	d describe the kind(s) of property sold (for ex ick warehouse; or common stock, 200 shares	ample, real estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a SEE STATEMENT	' 6	•			
b					
С					
d					
е					
(e) Gross sales prid	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) n	
<u>a</u>			_		
b					
<u> </u>	<u> </u>			<u>.</u>	
d					
e Occasion and the con-					
	sets showing gain in column (h) and owned b	· · · · · · · · · · · · · · · · · · ·		(I) Gains (Col. ain minus col. (k), b	
(i) FMV as of 12/31	(6) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		an -0-) or Losses (fr	
a					
b				_	
<u> </u>					
d					
<u>e</u>				T	
2 Capital gain net incon		o enter in Part I, line 7 liter -0- in Part I, line 7	· 2		25,623.
Net short-term capital	gain or (loss) as defined in sections 1222(5)	and (6):			
If gain, also enter in F in Part I, line &	Part I, line 8, column (c). See instructions. If	· · · · · · · · · · · · · · · · · · ·	3		3,617.
Part V Qualificatio	n Under Section 4940(e) for Reduc	ed Tax on Net Investr	nent Incom	ė	
(For optional use by domes If section 4940(d)(2) applies	tic private foundations subject to the section	4940(a) tax on net investme	ent income.)	N/A	
.,,,	or the section 4942 tax on the distributable ar	mount of any year in the has	se period?	Yes	∏No
	sn't qualify under section 4940(e). Do not cor	• •	se penou:	□ 'es	
	amount in each column for each year; see the	· · · · · · · · · · · · · · · · · · ·	ng any entries		
		(c)		(d)	
(a) Base period years Calendar year (or tax y beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	ets	Distribution (col. (b) divided	
2016					_
2015				<u></u> -	
2014					
2013			•		
2012					
2 Total of line 1, column	n (d)		. 2		
3 Average distribution ra number of years the formula	atio for the 5-year base period — divide the to bundation has been in existence if less than	otal on line 2 by 5.0, or by t 5 years	he 3		
4 Enter the net value of	noncharitable-use assets for 2017 from Part	X, line 5	4		
5 Multiply line 4 by line 3	3		5		
6 Enter 1% of net invest	ment income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6.			7		
8 Enter qualifying distrib	utions from Part XII, line 4		. 8		
If line 8 is equal to or Part VI instructions.	greater than line 7, check the box in Part VI,	line 1b, and complete that	part using a 1%	6 tax rate. See ti	ne

	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3
l a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5
	If 'Yes,' attach the statement required by General Instruction T.	
5	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ĺ
	● 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
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7
3 a	Enter the states to which the foundation reports or with which it is registered. See instructions .	
	NY	İ
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	

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 tax year beginning in 2017? See the instructions for Part XIV. If 'Yes,' complete Part XIV

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10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. SEE STATEMENT 7.

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(or designate) of each state as required by General Instruction G? If 'No,' attach explanation. . . .

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•				
Forn	n 990-PF (2017) MARGARET S COLYER CHARITABLE TRUST 82-67797	57	F	age 5
Pa	t VII-A Statements Regarding Activities (continued)			
31	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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? * N/A	13	X	
14	The heater are in case of b. COMMINITED DANK	33-4	122	
	Located at 6 FORD AVE, PO BOX 430 ONEONTA NY ZIP + 4 13820	=		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	_N/\	\ ≻	TT
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
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?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			1
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	1	Yes	No
1 a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	,	1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes XNo		ł	
	(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)?			
	(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.)			
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	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here			
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?	1 c	•	х
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			
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.)	2 b	i M	/A
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		14	<u> </u>
·	► 20 , 20 , 20 , 20			1111
2				1
Sa	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
h	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.)	3 b	N	/A_
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X_

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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?

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Form 990-PF (2017) MARGARET S COLYER Part VII-B Statements Regarding Activity	CHARITABLE TRU	JST m 4720 May Be Re	82-67 quired (continued)	79757	F	age		
5a During the year, did the foundation pay or inci			4	1	Yes	No		
(1) Carry on propaganda, or otherwise attempt		n (section 4945(e))?	Yes X	No	163	140		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955); or to carry	Yes X	No				
(3) Provide a grant to an individual for travel,				No .				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions								
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals?.	Yes X	No .		. ,		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in See instructions	the transactions fail to a current notice regard	qualify under the excep ling disaster assistance	tions	5 b	N	/A		
Organizations relying on a current notice regains)				
c If the answer is 'Yes' to question 5a(4), does t tax because it maintained expenditure response If 'Yes,' attach the statement required by Region			. N/A Yes	No				
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No		•		
b Did the foundation, during the year, pay premi	ums, directly or indirect	tly, on a personal benef	it contract?	6ь		X		
7a At any time during the tax year, was the found	lation a narty to a probi	hitad tay chalter trancas	ction? . Yes X	late				
b If 'Yes,' did the foundation receive any proceed				No N/A 7b				
Part VIII Information About Officers, Dir					L1			
and Contractors		- managor.	o, riiginy r ala Empi					
1 List all officers, directors, trustees, and found		ir compensation. See ir						
(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 other a	se acco			
COMMUNITY BANK	TRUSTEE	0.	0.			0		
6 FORD AVE ONEONTA, NY 13820	0							
2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1 — see ins	tructions) If none ente	r'NONE'				
2 Compensation of the mignest paid employees		idea of fille 1 See 1113	(d)Contributions to	HOHL.				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expens other a	e acco Nowan	unt, ces		
NONE						,		
				 				
Total number of other employees paid over \$50,000			<u> ►</u>	Form 990	DE (2)	0		

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see instructions.)	J	
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	1,388,900.
b Average of monthly cash balances.	1 b	63,823.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	1,452,723.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	7 à 1	0.
3 Subtract line 2 from line 1d	3	1,452,723.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	. 4	21,791.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,430,932.
6 Minimum investment return. Enter 5% of line 5. YEAR MODIFIED PERCENTAGE 4.821899999999999999999999999999999999999	8 6	68,998.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	erating fo	oundations
and certain foreign organizations, check here ► □ and do not complete this part.))	
1 Minimum investment return from Part X, line 6.	1	68,998.
2 a Tax on investment income for 2017 from Part VI, line 5 2 a 1,359		
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	. 2c	1,359.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	67,639.
4 Recoveries of amounts treated as qualifying distributions.	4	
5 Add lines 3 and 4	5	67,639.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	67,639.
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	1 a	80,080.
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 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	80,080.
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	<u> </u>
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	80,080.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	the found	
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Part XIII Undistributed Income (see instructions)

2 Indistributed income, if any, as of the ent of 2017: a Enter amount for 2016 only b Total for prior years: 20 20 20 3 Cross detributions carpover, if any, to 2017: a From 2013 c From 2014 d From 2015. e From 2016 c From		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
a Enter amount for 2016 only b Total for pror years: 20			÷		67,639.
b Total for prior years: 20 , 20 , 20 . 3 Sizes distributions carpover, if any, to 2017: a From 2012. b From 2013. c From 2014. d From 2015. e From 2016. 1 Total of times 3a through e	2 Undistributed income, if any, as of the end of 2017:				
3 Exess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2015. e From 2015. e From 2015. 1 Total of lines 3a through e 4 Qualitying distributions for 2017 from Part XII, line 4: P\$ 80,080. a Applied to 2015, but not more than line 2a b Applied to 2015, but not more than line 2a b Applied to undistributed income of prior years (Election required – see instructions). c Treated as distributions out of corpus (Election required – see instructions). d Applied to 2017 distributable amount e Remaining amount distributed out of corpus. 5 exess distributions carryover spelled to 2017. (if an amount appears in column (d), the same amount mast be shown in column (e). 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3, 45, and 4e. Subtract line 5. b Prior years undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b. Taxable amount — see instructions. 1 Undistributed income for 2017. Subtract lines distributed income for 2017. Subtract lines and the same amount of prior years' undistributed income for 2015. Subtract line 6b from line 2b c Undistributed income for 2017. Subtract lines distributed in 2018. This amount must be distributed on 2018. This amount must be distributed on 2018. 1 Undistributed income for 2017. Subtract lines distributed in 2018. 2 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). 3 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). 5 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	a Enter amount for 2016 only	\$ \$.		0.	
a From 2012. b From 2013. c From 2014. d From 2015. e From 2016. 1 Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b Total for prior years: 20 , 20 , 20		0.		
b From 2013 c From 2014. d From 2015. e From 2016. 1 Total of lines 3a through e 4 Qualitying distributions for 2017 from Part XII, line 4: * \$ 8,0,080. a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior years (Election required — see instructions). c Treated as distributions out of corpus (Election required — see instructions). d Applied to 2017 distributable amount e Remaining amount distributed out of corpus. 5 Exess distributions carryover applied to 2017. (If an amount appears in column (a), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for mine 2b. d Subtract line 6b. Taxable amount — see instructions 1 Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. 1 Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. C Excess distributions out of corpus to salisty requirements imposed by section 1700()(1)(F) or 4942(q)(3) (Election may be required — see instructions). 0. Excess distributions carryover from 2012 not applied on line 2 or line 7 (see instructions). 0. Excess distributions carryover for 2018. Subtract lines 2 and 8 from line 6a. 12,441.	3 Excess distributions carryover, if any, to 2017:	,,	,		7,
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e From 2016	c From 2014	,	. , , ,		, ,,,,
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4 Qualifying distributions for 2017 from Part XII, line 4: F\$ 80,080. a Applied to 2016, but not more than line 2a. b Applied to 2016 four nore than line 2a. c Treated as distributions out of corpus (Election required – see instructions). c Treated as distributions out of corpus (Election required – see instructions). d Applied to 2017 distributable amount e Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2017. (If an amount appears in column (a), the same amount must be aboven in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add line 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income. Subtract line 4b from line 2b	e From 2016		<i>'</i>		
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indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		•]	•
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5					
b Prior years' undistributed income. Subtract line 4b from line 2b	****	12 //1			
Inne 4b from line 2b		12, 111.			
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	b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	c Enter the amount of prior years' undistributed				`
tax has been previously assessed	income for which a notice of deficiency has	;			
d Subtract line 6c from line 6b. Taxable amount — see instructions 0. e Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount — see instructions. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions). 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a. 12,441.	tax has been previously assessed	į	0.	*	
amount – see instructions e Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount – see instructions. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions). 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a. 12,441.	d Subtract line 6c from line 6b. Tayable				
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distributed in 2018	4d and 5 from line 1. This amount must be				_
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	9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	12,441.	Ţ		
1 1 1 T	10 Analysis of line 9:			ļ	
a Excess from 2013		`			
b Excess from 2014				-	
c Excess from 2015	c Excess from 2015			,	
d Excess from 2016					
e Excess from 2017. 12,441. Form 990-PF (2017					Form 990-PF (2017)

Form 990-PF (2017) MARGARET S COLYE				82-677975	
Part XIV Private Operating Founda					N/A
• 1a If the foundation has received a ruling or d is effective for 2017, enter the date of the in	etermination letter uling	that it is a private of		and the ruling	
b Check box to indicate whether the foundation	on is a private opei	rating foundation de	scribed in section	4942(J)(3), of	4942()(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) ,2014	
each year listed					
b 85% of line 2a				/	
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	7				
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or mor	e in
assets at any time during th		structions.)			
Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have NONE	ave contributed moi	re than 2% of the to nan \$5,000). (See se	tal contributions rec ection 507(d)(2).)	eived by the founda	tion before the
b List any managers of the foundation who ov a partnership or other entity) of which the fo NONE	vn 10% or more of oundation has a 10°	the stock of a corpo % or greater interes	ration (or an equally t.	/ large portion of the	e ownership of
2 Information Degarding Contribution Count	Cit Loon Cahala	ushin ata Duamum			
2 Information Regarding Contribution, Grant Check here				and does not accept	unsolicited
requests for funds. If the foundation makes					
2a, b, c, and d. See instructions.a The name, address, and telephone number	or email address o	of the person to who	m applications shou	ld he addressed:	
a the name, danses, and telephone hamber	or oman address o	in the person to who	m applications snow	ia de adaressea.	
b The form in which applications should be su	ihmitted and inform	ation and materials	they should maked		
The form in which applications should be so	omitted and inform	ation and materials	aley should include	•	
c Any submission deadlines:					
d Any restrictions or limitations on awards, su	ch as by geographi	cal areas, charitable	e fields, kinds of ins	titutions, or other fa	ctors:
•	33 3 2		,	,	

TEEA0310L 09/14/17

Form **990-PF** (2017)

BAA

. 3 Grants and Contributions Paid During the Y	If recipient is an industrial			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8				
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Total		••	► 3a	56,319.
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Total	<u> </u>	<u> </u>	▶ 3b	
lotal			► 3b	i .

	Analysis of Income-Producing		I b	J. P I. J. J. L.		
Enter gros	ss amounts unless otherwise indicated.	(a) Business code	d business income (b) Amount	(c) Exclu- sion	section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Prog	gram service revenue:	code		code		(See instructions.)
a					***	
b						
c						
d						
e						
f					•	
g Fees	s and contracts from government agencies.					
2 Mem	nbership dues and assessments					
3 intere	st on savings and temporary cash investments					
4 Divid	lends and interest from securities			14	66,326.	
5 Net	rental income or (loss) from real estate:				·	
a Debt	-financed property					
b Not o	debt-financed property					
6 Net re	ental income or (loss) from personal property					
7 Othe	er investment income					
8 Gain d	or (loss) from sales of assets other than inventory			18	3,125.	22,498.
9 Net i	ncome or (loss) from special events				0,120.	227 100.
10 Gros	s profit or (loss) from sales of inventory			T - T		
11 Othe	r revenue:					
а		ļ				
b						
с		·				
d		i				
е —						
		[CO 451	22 400
12 Subt	otal. Add columns (b), (d), and (e).	Li		, ,		
	otal. Add columns (b), (d), and (e). 1. Add line 12, columns (b), (d), and (e)	<u> </u>			69,451.	22,498.
13 Tota	I. Add line 12, columns (b), (d), and (e)				13	91,949.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	s.)			13 _	
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV	1. Add line 12, columns (b), (d), and (e)	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
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13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
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13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplisome is reported	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
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13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.
13 Tota See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations -B Relationship of Activities to the Explain below how each activity for which income	s.) Accomplis	shment of Exemped in column (e) of Pa	ot Purpose	13 _	91,949.

Form 990-PF	(2017) MARGA	RET S COLY	YER CHARIT	ABLE TRUST	_		82-67	79757	Pa	ige 1
Part XVII	Information R	legarding Tr	ansfers to a	nd Transactio	ns and	l Relationsh	ips With Non	charitable		
`	Exempt Organ	nizations	 						V	
1 Did the describ	organization directed in section 501(c) to political organization	tly or indirectly e c) of the Code (c	engage in any o other than section	of the following wit on 501(c)(3) organ	h any otl iizations)	her organization) or in section 5:	n 27,		Yes	No
_	rs from the reporti		a noncharitabl	le evemnt organiz:	ation of					
(1) Cas				· · · · · ·				1 a (1)	1 1	Х
• •								1 a (2)	 	X
\-/	ransactions:				•	•• • • • • • • • • • • • • • • • • • • •		14(2)		
(1) Sal	es of assets to a n	oncharitable exe	empt organizati	on				1 1 (1)	1	Х
	chases of assets fi							1 b (2)		X
(3) Rer	ntal of facilities, equ	uipment, or othe	er assets	· · · · · ·				1 b (3)		X
(4) Rei	mbursement arrang	gements						1 b (4)		X
	ins or loan guarant							1 b (5)		X
• •	formance of servic		•	-				1 b (6)		Х
c Sharing	of facilities, equip	ment, mailing lis	sts, other asset	s, or paid employe	es	• • • • • • • • • • • • • • • • • • • •		1 c	<u> </u>	X
d If the ar	nswer to any of the	above is 'Yes,'	complete the f	ollowing schedule.	. Column	n (b) should alwa	ays show the fair ess than fair mark	market value	e of	
(a) Line no.	nsaction or sharing (b) Amount involved		of noncharitable ex				or services receiv		nomente	
N/A	(b) ranount involved	(c) numb	Of Honorial Rabio CA	compt organization	 (y Description of trai	isicis, transactions, a	no snaring arran	gements	
11/11			··.		 		_			
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describe	oundation directly o ed in section 501(c) complete the follow	of the Code (of	ated with, or rei ther than section	lated to, one or min 501(c)(3)) or in	ore tax-e section 5	exempt organiza	ations	. Yes	X	Vo
	Name of organiza		(b) Ty	pe of organization		(c) Description of r	elationship		
N/A						· · · · · ·	<u> </u>		_	
			<u> </u>	<u> </u>						
correct,	enalties of perjury, I declar and complete Declaration	e that I have examined on of preparer (other	d this return, including than taxpayer) is b	g accompanying schedule ased on all information	s and staten of which pr	ments, and to the best reparer has any knov	of my knowledge and b vledge.	elief, it is true,		
Sign	A ==	000						May the I		
Here	(Imab)	allen		10/15/2018	r P 7	TRUST OFFI	CER	this return	hown belo	
Signa	ture of officer or trustee			Date		tle		See instru	Yes	No
·	Print/Type preparer's r	name	Preparer	s sign ature	<u> </u>	Date	Check If	PTIN		
Paid	ANTHONY T M	MANZANERO	ANTHO	BNY T MANZAI	VERO	9/19/18	self-employed	P00286	147	
Preparer	Firm's name	MOSTERT, M	MANZANÉRO	& SCOTT, LI	.P		Firm's EIN ► 15-	0625503		
Jse Only	Firm's address	4 ASSOCIAT	re dr							
	}	ONEONTA, N	IY 13820				Phone no (60	7) 432-8	3700	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization		Employer identification number
MARGARET S COLYER CHARITABLE	82-6779757	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	vate foundation
	501(c)(3) taxable private foundation	
	So (C)(S) taxable private loandation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	inization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		,
	, or 990-PF that received, during the year, contributions tota	sling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	tor's total contributions.
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support	ort test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(v	n), that checked Schedule A (Form 990 or 990-EZ), Part II, II ne year, total contributions of the greater of (1) \$5,000 or (2)	ne 13, 16a, or 16b, and that
Form 990, Part VIII, line 1h; or (ii) Form 990	O-EZ, line 1. Complete Parts I and II.	270 of the amount of (i)
[] [16.1 (D) (10.1 (L) (E) 1000 1000 E7.11 1	
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit	om any one contributor, erary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	y ,
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	om any one contributor,
\$1,000. If this box is checked, enter here th	r religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for a	ons totaled more than
charitable, etc., purpose. Don't complete an	ny of the parts unless the General Rule applies to this organi	zation because
	le, etc., contributions totaling \$5,000 or more during the yea	
• · · · · · · · · · · · · · · · · · · ·	0 101 11 10 10 10 10 10 10 10 10 10 10 1	
990-PF), but it must answer 'No' on Part IV, line	ne General Rule and/or the Special Rules doesn't file Schedi e 2, of its Form 990; or check the box on line H of its Form 9	90-EZ or on its Form 990-PF.
Part I, line 2, to certify that it doesn't meet the f	iling requirements of Schedule R (Form 990, 990-F7, or 990.	-DF\

•			
Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Par
-	RET S COLYER CHARITABLE TRUST	1	5779757
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET S COLYER TUA 6 FORD AVE ONEONTA, NY 13820	 \$2,166,659.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 ^{\$}	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	 ^{\$}	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash

(Complete Part II for noncash contributions.)

Page

1 to

of Part II

Name of organization

MARGARET S COLYER CHARITABLE TRUST

Employer identification number 82-6779757

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (d) Date received (c) FMV (or estimate) (See instructions.) TRADED SECURITIES 2,166,659. 12/28/17 (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (b)
Description of noncash property given (a) No. from (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) Part I (a) No. from (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization
MARGARET S COLYER CHARITABLE TRUST

Employer identification number 82-6779757

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from	Use duplicate copies of Part III if additional : (b) Purpose of gift	space is needed. (c) Use of gift		(d) Description of how gift is held			
Part I	N/A						
							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	elationship of transferor to transferee			
(a)	(b)	(c)					
(a) No. from Part I	Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
				·			
-	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
-							

2017	FEDERAL STATEMENTS				
M/	MARGARET S COLYER CHARITABLE TRUST				
STATEMENT 1 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES					
COMMUNITY BANK TRUSTEE FEE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME S \$ 23,761. \$ 23,761. \$ 23,761. TOTAL \$ 23,761. \$ 23,761. \$ 23,761.	(D) CHARITABLE PURPOSES \$ 23,761. \$ 23,761.			
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES					
FOREIGN TAX WITHHELD	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 235. \$ 235. TOTAL \$ 235. \$ 235. \$ 0.	(D) CHARITABLE PURPOSES 0.			
STATEMENT 3 FORM 990-PF, PART II, LINE 10A INVESTMENTS - U.S. AND STAT	E GOVERNMENT OBLIGATIONS				
U.S. GOVERNMENT OBLIGATION		FAIR MARKETVALUE			
CASH EQUIVALENTS (SEE ATT)	COST $\frac{\$}{101AL} = \frac{\$}{\$} = \frac{217,736.}{217,736.} = \frac{\$}{\$}$	403,232. 403,232.			
STATE/MUNICIPAL OBLIGATION		FAIR MARKET VALUE			
FIXED INCOME SECURITIES (S		981,831. 981,831.			
	TOTAL \$ 1,195,802. \$	1,385,063.			
STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE S	rocks .				
CORPORATE STOCKS	VALUATION BOOK METHOD VALUE	FAIR MARKET VALUE			
EQUITIES (SEE ATT)	COST \$ 1,043,560. \$ 1,043,560.	1,481,383. 1,481,383.			

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FEDERAL STATEMENTS

PAGE 2

MARGARET S COLYER CHARITABLE TRUST

82-6779757

STATEMENT 5 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES

61,069.

TOTAL \$ 61,069.

STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

, TENTA	(1) PEGGPTPETON	(B) HOW	(C) DATE	(D) DATE
<u>ITEM</u>		<u> ACQUIRED</u>	ACQUIRED	SOLD
1	5514.810 FIDELITY COURT ST TRUST	PURCHASED	VARIOUS	3/22/2016
2	4395.604 METRO WEST	PURCHASED	10/21/2014	4/20/2018
3	25000 NY GREENBURGH PUB	PURCHASED	VARIOUS	12/01/2017
4	25000 NY SOUTHHAMPTON 4% 9/15/18	PURCHASED	VARIOUS	9/15/2017
5	2506.266 T ROWE PRICE SUMMIT MUNI	PURCHASED	VARIOUS	9/20/2017
6	25000 NY SUFFOLK CO GO 4%	PURCHASED	5/27/2008	5/15/2018
7	25000 US TSY NOTE .75% 6/17/17	PURCHASED	6/14/2017	6/17/2017
8	100 WALT DISNEY	PURCHASED	4/30/2004	2/09/2018
9	100 INTEL CORP	PURCHASED	9/08/2010	4/27/2018
10	50 3M COMPANY	PURCHASED	VARIOUS	11/09/2017
11	CAPITAL GAIN DISTRIBUTIONS	PURCHASED	VARIOUS	5/31/2018

ITEM 1 2 3 4 5 6 7 8 9 10 11	(E) GROSS SALES 69,841. 45,818. 25,000. 25,000. 25,000. 25,000. 10,171. 5,464. 11,500. 3,552.	(F) DEPREC. ALLOWED	(G) COST BASIS 68,800. 48,000. 25,000. 25,000. 25,799. 25,000. 24,935. 2,340. 1,785. 4,064.	(H) GAIN (LOSS) 1,0412,182. 0. 0. 4,201. 0. 65. 7,831. 3,679. 7,436. 3,552.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	\$	(L) GAIN (LOSS) 1,0412,182. 0. 4,201. 65. 7,831. 3,679. 7,436. 3,552.
							TOTAL	Ş	25,623.

STATEMENT 7 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

MARGARET OSTERHOUDT TUA (DEC'D)

245 MAIN ST ONEONTA, NY 13820

20	17

FEDERAL STATEMENTS

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MARGARET S COLYER CHARITABLE TRUST

82-6779757

STATEMENT 8 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE SEEING EYE INC PO BOX 375 MORRISTOWN NJ 07963	NONE	PC	GENERAL PURPOSES	\$ 4,332.
GUIDING EYES FOR THE BLIND INC PO BOX 9998 YORKTOWN HEIGHTS NY 10598	NONE	PC	GENERAL PURPOSES	4,332.
NATIONAL FEDERATION OF THE BLIND INC ADM SECURITIES, PO BOX 7482 BALTIMORE MD 21227	NONE	PC	GENERAL PURPOSES	4,332.
XAVIER SOCIETY FOR THE BLIND 154 EAST 23RD ST NEW YORK NY 10160	NONE	PC	GENERAL PURPOSES	4,333.
RECORDING FOR THE BLIND INC 20 ROSZEL RD PRINCETOWN NJ 08540	NONE	PC	GENERAL PURPOSES	4,332.
ST JOHN OF GOD SCHOOL FOR SPECIAL CHILDR 512 DELSEA DR WESTVILLE GROVE NJ 08093	NONE	PC	GENERAL PURPOSES	4,332.
SUSQUEHANNA S P C A RD 3 BOX 64B COOPERSTOWN NY 13326	NONE	PC	PROTECTION OF ANIMALS	4,333.
BLINDED VETS ASSOCIATION INC 477 H STREET NW WASHINGTON DC 20001	NONE	PC	GENERAL PURPOSES	4,332.
DEBORAH HOSPITAL FOUNDATION INC CYMROT CTR, 212 TRENTON RD BROWNS MILLS NJ 08015	NONE	PC	GENERAL PURPOSES	4,332.
AMERICAN LEBANESE SYRIAN ASSTD CHARITIES 504 ST JUDE PLACE MEMPHIS TN 38105	NONE	PC	GENERAL PURPOSES	4,332.
PERKINS SCHOOL FOR THE BLIND INC 175 NORTH BEACON ST . WATERTOWN MA 02172	NONE	PC	GENERAL PURPOSES	4,332.

2017

FEDERAL STATEMENTS

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MARGARET S COLYER CHARITABLE TRUST

82-6779757

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
THE LIGHTHOUSE INC 111 EAST 59TH ST NEW YORK NY 10022	NONE	PC	GENERAL PURPOSES	\$ 4,333.
DIVINE WORD MISSIONARIES GENERAL DELIVERY TECHNEY IL 60082	NONE	PC	GENERAL PURPOSES	4,332.
			TOTAL	\$ 56,319.