

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

2020

Open to Public
Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

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"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ► <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,185,030		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)		200,307			
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		10,748	10,748		
4 Dividends and interest from securities		15,161	15,161		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		22,398			
b Gross sales price for all assets on line 6a 483,019					
7 Capital gain net income (from Part IV, line 2)			22,398		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11		248,614	48,307		
13 Compensation of officers, directors, trustees, etc.		4,500	4,500		
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)		1,607	1,607		
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)		274	274		
24 Total operating and administrative expenses.					
Add lines 13 through 23		6,381	6,381		0
25 Contributions, gifts, grants paid		216,914			216,914
26 Total expenses and disbursements. Add lines 24 and 25		223,295	6,381		216,914
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		25,319			
b Net investment income (if negative, enter -0-)			41,926		
c Adjusted net income (if negative, enter -0-)					

	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing		145	98	98
	2 Savings and temporary cash investments		37,581	323,552	323,552
	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)		198,720	148,973	161,774
	b Investments—corporate stock (attach schedule)		344,803	333,281	485,605
	c Investments—corporate bonds (attach schedule)		198,087	98,742	109,119
	11 Investments—land, buildings, and equipment: basis ►				
	Less: accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		94,000	94,000	104,882
	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)		873,336	998,646	1,185,030
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 FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 24, 25, 29 and 30.				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 26 through 30.				
	26 Capital stock, trust principal, or current funds		873,336	998,646	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds				
	29 Total net assets or fund balances (see instructions)		873,336	998,646	
	30 Total liabilities and net assets/fund balances (see instructions)		873,336	998,646	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	873,336
2	Enter amount from Part I, line 27a	2	25,319
3	Other increases not included in line 2 (itemize) ►	3	99,991
4	Add lines 1, 2, and 3	4	998,646
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 29	6	998,646

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a SEE COMMUNITY BANK STMT		P	2016-09-27	2020-01-22
b SEE COMMUNITY BANK STMT		P	2020-01-01	2020-12-28
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 175,691		160,973	14,718	
b 307,328		299,648	7,680	
c				
d				
e				
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))	
a			14,718	
b			7,680	
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	22,398
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	{ }		3	7,680

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2	
3 Reserved			3	
4 Reserved			4	
5 Reserved			5	
6 Reserved			6	
7 Reserved			7	
8 Reserved ,			8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	583
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.		
c	All other domestic foundations enter 1.39% 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	583
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	583
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	1,252
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,252
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ►	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ►	10	669
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax ► 669	11	Refunded ►

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).		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>			
1c	Did the foundation file Form 1120-POL for this year?		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?		Yes	No
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Yes	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?		Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		Yes	No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		Yes	
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>		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>		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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		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>		Yes	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►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 Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.	► <input type="checkbox"/> 15	
16	At any time during calendar year 2020, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.	1b	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 2020?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(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"/>	<input checked="" type="checkbox"/>		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(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"/>	<input checked="" type="checkbox"/>		
(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"/>	<input checked="" type="checkbox"/>		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.			5b	
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? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>	<input type="checkbox"/>	<input type="checkbox"/>		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

1. List all officers, directors, trustees, foundation managers and their compensation. See instructions.

List all officers, directors, trustees, foundation managers and their compensation. See instructions.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
COMMUNITY BANK NA 5 FORD AVE ONONTONA NY 13820	Trustee 1.00	4,500		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

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

1	Expenses
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1	Amount
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	898,771
b	Average of monthly cash balances.	1b	104,362
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,003,133
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	1,003,133
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	15,047
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	988,086
6	Minimum investment return. Enter 5% of line 5.	6	49,404

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	49,404
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	583
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	583
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	48,821
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	48,821
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	48,821

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	216,914
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	216,914
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	216,914
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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				48,821
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	32,724			
b From 2016.	20,469			
c From 2017.	28,084			
d From 2018.	67,803			
e From 2019.	137,717			
f Total of lines 3a through e.	286,797			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 216,914				
a Applied to 2019, 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).	0			
d Applied to 2020 distributable amount.				48,821
e Remaining amount distributed out of corpus	168,093			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), 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	454,890			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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 2015 not applied on line 5 or line 7 (see instructions)	32,724			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	422,166			
10 Analysis of line 9:				
a Excess from 2016.	20,469			
b Excess from 2017.	28,084			
c Excess from 2018.	67,803			
d Excess from 2019.	137,717			
e Excess from 2020.	168,093			

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 2020, 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 foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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:

6 Any submission deadlines:

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			► 3a	216,914
b Approved for future payment				
Total			► 3b	

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	10,748	
4 Dividends and interest from securities.			14	15,161	
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	22,398	
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).				48,307	
13 Total. Add line 12, columns (b), (d), and (e).				48,307	
(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) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1)	Cash.	1a(1)		No
(2)	Other assets.	1a(2)		No
b	Other transactions:			
(1)	Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2)	Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3)	Rental of facilities, equipment, or other assets.	1b(3)		No
(4)	Reimbursement arrangements.	1b(4)		No
(5)	Loans or loan guarantees.	1b(5)		No
(6)	Performance of services or membership or fundraising solicitations.	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

2021-02-10

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

Signature of officer or trustee

Date

Title

**Sign
Here**

**Paid
Preparer
Use Only**

(see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
	William J Scannell				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)				
<i>a Paid during the year</i>				
MARATHON FOR A BETTER LIFE PO BOX 268 WARNERVILLE, NY 12187	NONE	NC	PROVIDE FINANCIAL SUPPORT	874
RONALD MCDONALD HOUSE CHARITIES 139 SOUTH LAKE AVE ALBANY, NY 12208	NONE	PC	TO SUPPORT OTGANIZATION'S MISSION	600
IROQUOIS INDIAN MUSEUM PO BOX 7 324 CAVERNS ROAD HOWES CAVE, NY 12092	NONE	PC	PROVIDE FINANCIAL SUPPORT TO THE MUSEUM	2,000
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LANDIS ARBORETUM PO BOX 186 LAPE ROAD ESPERANCE, NY 12066	NONE	NC	FUNDRAISER AT GRAPEVINE F FARMS	1,000
LITERACY NEW YORKPO BOX 852 COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	2,500
REGIONAL FOOD BANK OF NENY 965 ALBANY-SHAKER ROAD LATHAM, NY 12110	NONE	PC	PROVIDE SUPPORT OF ORGANIZATION'S MISSION	2,500
Total			► 3a	216,914

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>				
AYERS MEMORIAL ANIMAL SHELTER 133 HILLTOP ROAD SPRAKERS, NY 12166	NONE	PC	ASSIST IN CARE OF SHELTER ANIMALS	125
CATHOLIC CHARITIES OF DELWARE OTSEG 489 WEST MAIN ST COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	5,324
THE JOSHUA PROJECTPO BOX 413 MIDDLEBURGH, NY 12122	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,124
Total			► 3a	216,914

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>				
ANIMAL SHELTER OF SCHOHARIE VALLEY PO BOX 40 HOWES CAVE, NY 12092	NONE	PC	ASSIST IN CARE OF SHELTER ANIMALS	1,790
SCHOHARIE COUNTY ARCPO BOX 307 SCHOHARIE, NY 12157	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	5,450
COBLESKILL PARTNERSHIP INC PO BOX 10 COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	59,345
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SCHOHARIE COUNTY CHILD DEVELOPMENT 11 LARK STREET COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,500
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	5,350
Total			► 3a	216,914

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	550
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	200
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SCHOHARIE COUNTY COMM ACTION PROGRA 795 E MAIN ST SUITE 5 COBLESKILL, NY 12043	NONE	NC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	5,174
CCE SCHOHARIE AND OTSEGO COUNTIES 173 SOUTH GRAND ST SUITE 1 COBLESKILL, NY 12043	NONE	PC	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	300
FRIENDS OF BASSETT ONE ATWELL ROAD COOPERSTOWN, NY 13326	NONE	PC	MATCHING CONTRIBUTION FOR EMERGENCY ROOM	6,000
Total			► 3a	216,914

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>				
WHMT4 GLOBAL VIEW TROY, NY 12180	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	150
THE SALVATION ARMY PO BOX 16310 ALBANY, NY 12212	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
SCHO WRIGHT AMBULANCE 388 MAIN ST SCHOHARIE, NY 12157	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COBLESKILL-RICHMONDVILLE LITTLE LEA 120 WASHINGTON AVE COBLESKILL, NY 12043	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	150
FIELDS OF GRACE OUTREACH PO BOX 48 MIDDLEBURGH, NY 12122	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	50
Total			► 3a	216,914

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>				
AMERICAN RED CROSSPO 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
HUNTINGTON DISEASE SOCIETY OF AMERI 505 EIGHTH AVENUE 902 NEW YORK, NY 10018	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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>				
SUSQUEHANNA ANIMAL SHELTER 4841 NY-28 COOPERSTOWN, NY 13326	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
SHRINERS HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DRIVE TAMPA, FL 33607	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
RICHMONDVILLE VOLUNTEER FIRE DEPT 288 MAIN ST RICHMONDVILLE, NY 12149	NONE	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
Total			► 3a	216,914

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>				
New York Insurance Scholarship Fdn 130 Washington Avenue Albany, NY 12210	Not Affiliated	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,000
Cobleskill Richmondville Education 155 Washington Avenue Cobleskill, NY 12043	Not Affiliated	N/A	PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	1,750
American Heart Association 372 W Main Street West Winfield, NY 13491	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	500
Total			► 3a	216,914

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>				
National Brain Tumor Society 38 Fifth Avenue Saratoga Springs, NY 12866	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Le Moyne College 1419 Salt Springs Road Syracuse, NY 13214	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	300
Canajoharie Area Little League PO Box 91 Canajoharie, NY 13317	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR THE ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Captain Youth Family Services 1705 US Route 9 Clifton Park, NY 12065	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Green Mountain Pug Rescue 283 Town Line Road Mendon, VT 05701	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
CENTRAL BRIDGE CIVIC ASSOCIATION IN PO BOX 120 CENTRAL BRIDGE, NY 12035	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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>				
VIETNAM VETERANS MEMORIAL FUND 1235 S CLARK ST ARLINGTON, VA 22202	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	600
SCHOHARIE PACK 4 CUB SCOUTS 890 STATE RT 443 SCHOHARIE, NY 12157	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
Total			► 3a	216,914

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>				
SALT DEVELOPMENT 155 N 400 W SALT LAKE CITY, UT 84103	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
SCHOHARIE ECONOMIC ENTERPRISE CORP 169 FAIR ST SCHOHARIE, NY 12157	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100,000
HELIOS CARE 297 RIVER STREET S SERVICE RD STE 1 ONEONTA, NY 13820	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	130
Total			► 3a	216,914

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>				
NATIONAL CENTER FOR MISSING AND EXP 333 JOHN CARLYLE ST ALEXANDRIA, VA 22314	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
FOOD BANK OF THE HUDSON VALLEY 195 Hudson Street CornwallOnHudson, NY 12520	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
HEALTH RESEARCH INC 150 Broadway Menands, NY 12204	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	6,264
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
International Myeloma Foundation 12650 Riverside Drive Suite 206 North Hollywood, CA 91607	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
COBLESKILL United Methodist Church 109 Chapel St Cobleskill, NY 12043	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	50
First Reformed Protestant Dutch 165 Canal St Fort Plain, NY 13339	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HOPE HOUSE FUNDING CORP 573 Livingston Ave Albany, NY 12206	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
MEMORIAL SLOAN KETTERING CANCER CEN 1275 York Avenue New York, NY 10065	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	75
ROTARY CLUB OF SIDNEY COMMUNITY FOU PO BOX 333 SIDNEY, NY 13838	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE ARC LEXINGTON 127 E STATE ST GLOVERSVILLE, NY 12078	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	200
THINGS OF MY VERY OWN 249 GREEN ST SCHEECTADY, NY 12305	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
LEGACY OF LOVE - SCHOHARIE COUNTY 121 OPPORTUNITY DRIVE SCHOHARIE, NY 12157	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	274
Total			► 3a	216,914

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE DUDLEY OBSERVATORY ROGER BACON HALL 212 515 LOUDON RD LOUDONVILLE, NY 12211	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW 6TH FLOOR WASHINGTON, DC 20001	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
CRISIS TEXT LINEPO BOX 1144 NEW YORK, NY 10159	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
Total			► 3a	216,914

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>				
HEART TO HEART INTERNATIONAL PO BOX 15566 LENEXA, KS 66285	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	25
SPARROW'S NEST OF THE HUDSON VALLEY 946 ROUTE 376 SUITE 7 WAPPINGERS FALLS, NY 12590	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	250
THE CATSKILL ROTARY CLUB 1125 MAIN ST LEEDS, NY 12451	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	290
Total			► 3a	216,914

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>				
CLIFTON PARK BASEBALL LEAGUE 32 CLIFTON BLVD CLIFTON PARK, NY 12065	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	100
OPERATION UNITE NEW YORK INC 360 COLUMBIA ST HUDSON, NY 12534	Not Affiliated	N/A	TO PROVIDE SUPPORT FOR ORGANIZATION'S MISSION	200
Total			► 3a	216,914

TY 2020 Accounting Fees Schedule

Name: STERLING INSURANCE COMPANY FOUNDATION

CO COMMUNITY BANK NA 008132

EIN: 46-7199984

Software ID: 20011551

Software Version: 2020v4.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting	1,607	1,607	0	0

TY 2020 Other Expenses Schedule

Name: STERLING INSURANCE COMPANY FOUNDATION
CO COMMUNITY BANK NA 008132

EIN: 46-7199984

Software ID: 20011551

Software Version: 2020v4.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS FILING FEES	250	250		
BANK AND INVESTMENT CHARGES	24	24		

TY 2020 Other Increases Schedule

Name: STERLING INSURANCE COMPANY FOUNDATION
CO COMMUNITY BANK NA 008132

EIN: 46-7199984

Software ID: 20011551

Software Version: 2020v4.0

Other Increases Schedule

Description	Amount
Basis Adjustment	99,991

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

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

2020

Name of the organization

STERLING INSURANCE COMPANY FOUNDATION
CO COMMUNITY BANK NA 008132**Employer identification number**

46-7199984

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

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

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

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

Special Rules

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

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

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

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

Name of organization STERLING INSURANCE COMPANY FOUNDATION CO COMMUNITY BANK NA 008132		Employer identification number 46-7199984	
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STERLING INSURANCE COMPANY 182 BARNSVILLE RD PO BOX 9 COBLESKILL, NY 120430009	\$ 200,307	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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Part II Noncash Property			
(see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

STERLING INSURANCE COMPANY FOUNDATION
CO COMMUNITY BANK NA 008132

Employer identification number

46-7199984

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

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