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CLIENT'S COPY

D'ARCANGELO & CO., LLP
120 LOMOND COURT
UTICA, NY 13502-5950

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.
2608 GENESEE STREET
UTICA, NY 13502

THE COMMUNITY FOUNDATION OF HERKIMER AND:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2016 FORM 990

2016 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

VERY TRULY YOURS,

D'ARCANGELO & CO., LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. 2608 GENESEE STREET UTICA, NY 13502
Prepared by	D'ARCANGELO & CO., LLP 120 LOMOND COURT UTICA, NY 13502-5950
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.</p> <p>THE ENCLOSED TRANSMITTAL LETTERS (ORIGINAL & COPY) ALONG WITH OUR RETURN ENVELOPE MUST BE MAILED WITH YOUR TAX RETURN. WE WILL RETAIN THE RETURNED, SIGNED COPY IN OUR FILE AS PROOF OF FILING.</p>

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FEDERAL INFORMATIONAL FORMS

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2016

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
VARIOUS	4,339,150.	3,783,362.
Total Excess Contributions to Schedule A, Part II, Line 5		3,783,362.

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NEW YORK INFORMATIONAL FORMS

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING
DECEMBER 31, 2016

Prepared for	THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. 2608 GENESEE STREET UTICA, NY 13502
Prepared by	D'ARCANGELO & CO., LLP 120 LOMOND COURT UTICA, NY 13502-5950
Amount due or refund	BALANCE DUE OF \$1,525.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 15, 2017
Special Instructions	<p>THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).</p> <p>THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.</p> <p>THE ENCLOSED TRANSMITTAL LETTERS (ORIGINAL & COPY) ALONG WITH OUR RETURN ENVELOPE MUST BE MAILED WITH YOUR TAX RETURN. WE WILL RETAIN THE RETURNED, SIGNED COPY IN OUR FILE AS PROOF OF FILING.</p>

***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2016, or fiscal year beginning _____, 2016, and ending _____, 20____

2016

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Employer identification number

15-6016932

Name and title of officer

**ALICIA DICKS
PRESIDENT & CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>7,991,477.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize D'ARCANGELO & CO., LLP to enter my PIN 23737
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16094316094
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/02/17

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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FILEABLE FORMS

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2608 GENESEE STREET City or town, state or province, country, and ZIP or foreign postal code UTICA, NY 13502 F Name and address of principal officer: ALICIA DICKS 2608 GENESEE ST, UTICA, NY 13502	D Employer identification number 15-6016932 E Telephone number 315-735-8212 G Gross receipts \$ 7,991,477. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ FOUNDATIONHOC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1952		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE LIVES OF THE RESIDENTS OF HERKIMER AND ONEIDA COUNTIES. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 17 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 6,611,583. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,435,663. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,047,246.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,545,400. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,000,715. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 308,129. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,529,260. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,075,375. 19 Revenue less expenses. Subtract line 18 from line 12 3,971,871.	6,611,583.	4,023,842.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 119,855,382. 21 Total liabilities (Part X, line 26) 7,154,819. 22 Net assets or fund balances. Subtract line 21 from line 20 112,700,563.	11,047,246.	7,991,477.
		Beginning of Current Year	End of Year
		119,855,382.	126,855,157.
		7,154,819.	7,978,815.
		112,700,563.	118,876,342.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ALICIA DICKS, PRESIDENT & CEO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name TRICIA L. LUCAS, CPA	Preparer's signature 	Date 05/02/17	Check if self-employed <input type="checkbox"/>	PTIN P00227744
	Firm's name ▶ D'ARCANGELO & CO., LLP Firm's address ▶ 120 LOMOND COURT UTICA, NY 13502-5950	Firm's EIN ▶ 13-2550103	Phone no. (315) 735-5216		

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

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: THE MISSION OF THE COMMUNITY FOUNDATION IS TO IMPROVE THE LIVES OF THE RESIDENTS OF HERKIMER AND ONEIDA COUNTIES. THE COMMUNITY FOUNDATION ADVANCES LEADERSHIP ON COMMUNITY SOLUTIONS AND PHILANTHROPY THAT CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,880,601. including grants of \$ 4,861,011.) (Revenue \$ 53,605.) THE COMMUNITY FOUNDATION IS A COMMUNITY-BASED, SOCIAL IMPACT INVESTOR THAT USES ITS FINANCIAL, INTELLECTUAL AND CONVENING CAPITAL TO IMPROVE QUALITY OF LIFE IN HERKIMER AND ONEIDA COUNTIES. AS A RESPONSIVE GRANTMAKER, THE COMMUNITY FOUNDATION AWARDS MORE THAN 596 GRANTS TO ELIGIBLE NONPROFITS IN HERKIMER AND ONEIDA COUNTIES. RESPONSIVE GRANTS FOCUS ON NEEDS RELATED TO THE COMMUNITY FOUNDATION'S CORE INVESTMENT AREAS - ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND ARTS/CULTURE - AND HELP NONPROFITS BETTER SERVE THEIR CONSTITUENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,880,601.

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 23		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **GILLES G. LAUZON - 315-735-8212**
2608 GENESEE ST, UTICA, NY 13502

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EVE VAN DE WAL CHAIR ELECT	3.00	X		X				0.	0.	0.
(2) LAURA CASAMENTO TRUSTEE	1.00	X						0.	0.	0.
(3) MARY LYONS BRADLEY TRUSTEE	1.00	X						0.	0.	0.
(4) LINDA COHEN TRUSTEE	1.00	X						0.	0.	0.
(5) KEITH FENSTEMACHER TRUSTEE	1.00	X						0.	0.	0.
(6) DAVID T. GRIFFITH TRUSTEE	1.00	X						0.	0.	0.
(7) SUSAN G. MATT TRUSTEE	1.00	X						0.	0.	0.
(8) MARY F. MORSE TRUSTEE	1.00	X						0.	0.	0.
(9) JUDITH V. SWEET SECRETARY-TREASURER	3.00	X		X				0.	0.	0.
(10) RICHARD C. TANTILLO TRUSTEE	1.00	X						0.	0.	0.
(11) RONALD CUCCARO CHAIR	3.00	X		X				0.	0.	0.
(12) BURT DANOVIK TRUSTEE	1.00	X						0.	0.	0.
(13) L.MICHAEL FITZGERALD TRUSTEE/SECRETARY TREASURER	3.00	X		X				0.	0.	0.
(14) REV. ROBERT UMIDI TRUSTEE	1.00	X						0.	0.	0.
(15) BONNIE WOODS TRUSTEE	2.00	X						0.	0.	0.
(16) HARRISON (CHIP) HUMMEL III TRUSTEE	1.00	X						0.	0.	0.
(17) RANDALL J. VANWAGONER TRUSTEE	2.00	X						0.	0.	0.

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHERYL MINOR TRUSTEE	1.00	X					0.	0.	0.	
(19) CATHLEEN MCCOLGIN TRUSTEE	1.00	X					0.	0.	0.	
(20) JAWWAAD RASHEED TRUSTEE	1.00	X					0.	0.	0.	
(21) LISA DEFREES LOVETT TRUSTEE	2.00	X					0.	0.	0.	
(22) DAVID MANZELMANN TRUSTEE	2.00	X					0.	0.	0.	
(23) GREGORY MCLEAN TRUSTEE	2.00	X					0.	0.	0.	
(24) GILLES G. LAUZON CHIEF OPERATING OFFICER	40.00			X			117,673.	0.	8,050.	
(25) ALICIA DICKS PRESIDENT-CEO	40.00			X			158,405.	0.	21,322.	
1b Sub-total							276,078.	0.	29,372.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							276,078.	0.	29,372.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHARLES A. GAETANO CONSTRUCTION CORP 258 GENESEE STREET, UTICA, NY 13502	CONSTRUCTION	485,010.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,023,842.				
	g Noncash contributions included in lines 1a-1f: \$		453,440.				
	h Total. Add lines 1a-1f		4,023,842.				
Program Service Revenue	2 a AGENCY FUNDS ADMIN FEE	Business Code 900099	53,605.	53,605.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		53,605.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,539,203.	2,539,203.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,211,863.					
		b Less: cost or other basis and sales expenses		0.			
		c Gain or (loss)		1,211,863.			
	d Net gain or (loss)		1,211,863.	1,211,863.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISC	900099	162,964.	162,964.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		162,964.					
12 Total revenue. See instructions.		7,991,477.	3,967,635.	0.	0.		

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,861,011.	4,861,011.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,970.	91,656.	91,656.	91,658.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	612,269.	231,546.	339,056.	41,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,648.	15,040.	19,511.	6,097.
9 Other employee benefits	68,363.	25,294.	32,814.	10,255.
10 Payroll taxes	73,103.	27,049.	35,089.	10,965.
11 Fees for services (non-employees):				
a Management				
b Legal	41,688.		20,844.	20,844.
c Accounting	18,746.	6,248.	6,250.	6,248.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	809,662.		809,662.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	38,606.	6,202.	6,203.	26,201.
12 Advertising and promotion	85,719.	28,573.	28,573.	28,573.
13 Office expenses	31,735.	11,742.	15,233.	4,760.
14 Information technology	49,941.	18,478.	23,972.	7,491.
15 Royalties				
16 Occupancy	82,854.	27,618.	27,618.	27,618.
17 Travel	12,186.	4,509.	5,849.	1,828.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,498.	10,544.	13,679.	4,275.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,958.		124,958.	
23 Insurance	20,537.		20,537.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM INITIATIVES	508,983.	508,983.		
b DEVELOPMENT	17,172.			17,172.
c MEMBERSHIPS & PUBLICATI	16,510.	6,108.	7,925.	2,477.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,818,159.	5,880,601.	1,629,429.	308,129.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Form 990 (2016)

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	3,311,870.	2	3,917,574.	
	3 Pledges and grants receivable, net	99,729.	3	5,750.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,269,074.			
	b Less: accumulated depreciation	316,128.	2,516,220.	10c	2,952,946.
	11 Investments - publicly traded securities	101,498,982.	11	108,430,953.	
	12 Investments - other securities. See Part IV, line 11	8,514,760.	12	7,736,722.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	3,913,821.	15	3,811,212.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,855,382.	16	126,855,157.		
Liabilities	17 Accounts payable and accrued expenses	102,904.	17	98,403.	
	18 Grants payable	1,220,538.	18	2,226,818.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,831,377.	25	5,653,594.	
	26 Total liabilities. Add lines 17 through 25	7,154,819.	26	7,978,815.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	37,003,224.	27	39,008,468.	
	28 Temporarily restricted net assets	50,143,533.	28	52,782,854.	
	29 Permanently restricted net assets	25,553,806.	29	27,085,020.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	112,700,563.	33	118,876,342.		
34 Total liabilities and net assets/fund balances	119,855,382.	34	126,855,157.		

Form **990** (2016)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	7,991,477.
2	Total expenses (must equal Part IX, column (A), line 25)	7,818,159.
3	Revenue less expenses. Subtract line 2 from line 1	173,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	112,700,563.
5	Net unrealized gains (losses) on investments	6,002,460.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	1.
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	118,876,342.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,778,100.	2,733,353.	6,591,904.	3,023,855.	3,037,784.	17,164,996.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,778,100.	2,733,353.	6,591,904.	3,023,855.	3,037,784.	17,164,996.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,783,362.
6 Public support. Subtract line 5 from line 4.						13,381,634.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,778,100.	2,733,353.	6,591,904.	3,023,855.	3,037,784.	17,164,996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	1,880,990.	1,880,365.	2,122,948.	2,228,661.	2,511,454.	10,624,418.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						27,789,414.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	48.15 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	54.29 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE COMMUNITY FOUNDATION OF HERKIMER AND

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Employer identification number

15-6016932

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GOOD NEWS FOUNDATION 10475 COSBY MANOR RD UTICA, NY 13502	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NATIONAL PHILANTHROPIC TRUST; JOHN PATRICK DARBY 165 TOWNSHIP LINE RD JENKINTOWN, PA 190463594	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BANK OF AMERICA; VIRGINIA BOWMAKER SCHOLARSHIP 10 FOUNTAIN PLAZA BUFFALO, NY 14202	\$ 855,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BANK OF AMERICA; DR. JOHN P. SHEEHAN SCHOLARSHIP 10 FOUNTAIN PLAZA BUFFALO, NY 14202	\$ 228,031.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN D. & BARBARA G. COLLINS FOUNDATION 10 BRAMBLEWOOD POINT NAPLES, FL 34105	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF RITA A. SATOR NOT KNOWN NEW HARTFORD, NY 13413	\$ 858,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRINITY EVANGELICAL LUTHERAN CHURCH 443 HENRY ST. HERKIMER, NY 13350	\$ 102,509.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>

Name of organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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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
7	VARIOUS MUTUAL FUNDS <hr/> <hr/> <hr/>	\$ 102,509.	09/02/16
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 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
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. Employer identification number 15-6016932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including fields for revenue and asset values.

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,339,392.	110,142,440.	107,784,705.	92,759,311.	83,379,712.
b Contributions	1,531,214.	808,186.	4,644,653.	3,844,617.	1,737,960.
c Net investment earnings, gains, and losses	2,015,721.	-212,744.	3,021,196.	15,487,077.	11,300,931.
d Grants or scholarships	679,683.	817,214.	3,744,890.	2,881,430.	2,189,578.
e Other expenditures for facilities and programs	246,147.	78,260,909.	159,225.	44,031.	
f Administrative expenses	281,480.	320,367.	1,403,999.	1,390,839.	1,469,714.
g End of year balance	33,679,017.	31,339,392.	110,142,440.	107,784,705.	92,759,311.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 0.00 %
- b Permanent endowment 80.42 %
- c Temporarily restricted endowment 19.58 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,816,478.	147,068.	2,669,410.
c Leasehold improvements		452,596.	169,060.	283,536.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,952,946.

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTED CASH	549,997.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	6,066,191.	END-OF-YEAR MARKET VALUE
(C) LIFE INSURANCE	163,510.	END-OF-YEAR MARKET VALUE
(D) REAL ESTATE	957,024.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,736,722.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY LIABILITES	4,748,709.
(3) CHARITABLE GIFT ANNUITIES	885,999.
(4) COMPENSATED ABSENCES	18,886.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,653,594.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Employer identification number
15-6016932

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADIRONDACK MUSEUM 9097 STATE ROUND 30, PO BOX 99 BLUE MOUNTAIN LAKE, NY 12812-0099	135635801		56,000.	0.			EXPANSION OF PREK-12 PROGRAMS IN HERKIMER AND ONEIDA COUNTIES/CAMPAIGN SUPPORT
ALBANY LAW SCHOOL 80 NEW SCOTLAND AVENUE ALBANY, NY 12208-3494	141338309		10,000.	0.			DONOR-ADVISED GRANT FROM JK & HADY ANNE HAGE FAMILY FUND FOR THE ANNUAL FUND
AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION - 120 LOMOND COURT - UTICA, NY 13502	461581429	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
ARC HERKIMER 350 S. WASHINGTON ST. HERKIMER, NY 13350	160973231	501(C)3	10,000.	0.			FOR VIDEO CAMERAS FOR BUS FLEET
AVA DORMAN SENIOR CENTER 305 E LOCOST STREET ROME, NY 13440	166053004	501(C)3	23,000.	0.			PARKING LOT RENOVATION
BOSTON UNIVERSITY 2804 OGDEN PLACE UTICA, NY 13501	042103547		5,000.	0.			CHRISTOPHER HARDING DONALTY SCHOLARSHIP FUND AWARDED TO BENJAMIN KILIAN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOONVILLE YOUTH ATHLETIC ASSOCIATION - PO BOX 412 - BOONVILLE, NY 13309	223237815	501(C)3	5,000.	0.			FOR THE YOUTH ATHLETIC FIELD
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	042103545		23,400.	0.			DONOR-ADVISED GRANT FOR DAVID & JANET GRIFFITH FAMILY FUND FOR STUDENT SCHOLARSHIPS
BOYS & GIRLS CLUB 755 LANSING STREET UTICA, NY 13501	150532057	501(C)3	18,500.	0.			EMERGENCY GRANT FOR PAYROLL AND ACCOUNTS PAYABLE
CATHOLIC CHARITIES OF ONEIDA & MADISON COUNTIES - 1408 GENESEE STREET - UTICA, NY 13502	150532085	501(C)3	50,000.	0.			TECHNOLOGY PROJECT
CENTRAL ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED - 507 KENT STREET - UTICA, NY 13501	150543587	501(C)3	100,000.	0.			ACQUIRE PROPERTY ADJACENT TO 507 KENT STREET FOR EXPANSION OF EMPLOYMENT & VISION REHAB
CHARITY FOR CHILDREN, INC PO BOX 204 SYRACUSE, NY 13260	571192974	501(C)3	19,500.	0.			FOR GENERAL SUPPORT
CHENANGO COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 6160 COUNTY ROAD 32 - NORWICH, NY 13815	161071918	501(C)3	17,000.	0.			FOR GENERAL SUPPORT
CHILDREN'S MUSEUM 311 MAIN STREET UTICA, NY 13501	160918936	501(C)3	7,800.	0.			EXPANDED WEEKEND HOURS TO BE OPEN ON SUNDAYS
CITY OF LITTLE FALLS 659 EAST MAIN STREET LITTLE FALLS, NY 13365	161143988		24,296.	0.			MORELAND PARK IMPROVEMENTS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAYVILLE LIBRARY ASSOCIATION 2265 ONEIDA STREET CLAYVILLE, NY 13322	161366905	501(C)3	5,500.	0.			ROOF REPLACEMENT
CLINTON ABC PROGRAM, INC PO BOX 139 CLINTON, NY 13323	237296910	501(C)3	6,475.	0.			FOR GENERAL SUPPORT
CLINTON CENTRAL SCHOOL DISTRICT FOUNDATION, TREASURER - PO BOX 215 - CLINTON, NY 13323	161413396	501(C)3	11,900.	0.			ANNUAL PAYMENT FROM CLINTON CENTRAL SCHOOL DISTRICT FOUNDATION FUNDS
CLUSTER 13, INC 84 MAIN STREET CAMDEN, NY 13316	161526328	501(C)3	42,746.	0.			ENERGY EFFICIENCY PROJECT
COMPASSION COALITION, INC 509 LAFAYETTE STREET UTICA, NY 13502-3478	161579336	501(C)3	105,000.	0.			BARGAIN GROCER EXPANSION/WINTER GEAR FOR REFUGEES
CORNELL COOPERATIVE EXTENSION - ONEIDA COUNTY - 121 SECOND STREET - ORISKANY, NY 13424	166072885	501(C)3	25,000.	0.			FARM TO SCHOOL PROGRAM
DULHA BHAI GOPALBHAI FUND, INC 223 OAK HILL ROAD HORSE HEADS, NY 14845	454611761	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FROM RICHARD E ALEXANDER, JR FAMILY FUND FOR THE TINY SMILING FACES FOUNDATION
DESALES CENTER, INC 731 LAFAYETTE ST UTICA, NY 13502	134350899	501(C)3	110,300.	0.			ADA ACCESSIBILITY PROJECT/INCLINE LIFT
DODGE PRATT NORTHERN ART & COMMUNITY CENTER, INC - 106 SCHUYLER ST - BOONVILLE, NY 13309	161159220	501(C)3	20,000.	0.			SIDE PORCH REPAIRS

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HERKIMER AND
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNHAM PUBLIC LIBRARY 76 MAIN STREET WHITESBORO, NY 13492	156000490	501(C)3	50,000.	0.			PARKING LOT CONSTRUCTION
EMMAUS HOUSE 1215 KEMBLE ST UTICA, NY 13501	132580509	501(C)3	25,000.	0.			KITCHEN RENOVATION
ERIE CANALWAY NATIONAL HERITAGE CORRIDOR - PO BOX 219 - WATERFORD, NY 12188	260372982	501(C)3	5,000.	0.			CREATION OF HISTORIC WATER TRAIL
FAXTON ST LUKE'S HEALTHCARE 1676 SUNSET AVE UTICA, NY 13502	161576637	501(C)3	10,000.	0.			3D MAMMOGRAPHY TECHNOLOGY
FAXTON-ST LUKE'S HEALTHCARE FOUNDATION - 1676 SUNSET AVE - UTICA, NY 13502	223078768	501(C)3	150,000.	0.			BIPLANE ANGIOGRAPHY UNIT
FOR THE GOOD, INC 1113 LINWOOD PLACE UTICA, NY 13501	161519985	501(C)3	20,000.	0.			2015 SUPPORT FOR STUDY BUDDY CLUB
FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE, INC - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	453364607	501(C)3	5,000.	0.			FOR RESTORATION OF THE CATHEDRAL
UTICA COLLEGE 319 HIGBY RD NEW HARTFORD, NY 13413	161476258		5,000.	0.			JEANNE LOUISE ULRICH ROMANO MEMORIAL SCHOLARSHIP FUND AWARDED TO FRANCESCA ZUMPARO
GLIMMERGLASS OPERA, INC PO BOX 191 COOPERSTOWN, NY 13326	161053970	501(C)3	15,000.	0.			SENSORY-FRIENDLY PERFORMANCES FOR SPECIAL NEEDS INDIVIDUALS/ ANNUAL FUND

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER UTICA CHAMBER OF COMMERCE 520 SENECA ST, SUITE 102 UTICA, NY 13502	150476330	501(C)3	5,000.	0.			FURNITURE FOR EDUCATION AND MEETING SPACE
GRIFFISS INSTITUTE, INC 725 DAEDALIAN DR ROME, NY 13441	030500249	501(C)3	25,000.	0.			EDUCATION MINI-GRANT FOR CURRICULUM FOR DRONE SUMMER CAMP AND OTHER PROGRAMS
HERKIMER AREA RESOURCE CENTER 350 SOUTH WASHINGTON ST BOX 271 HERKIMER, NY 13350	160973231	501(C)3	123,884.	0.			HERKIMER ACCESSIBLE REC PARK, EQ FOR DISABLED WORKERS, CL AWARD SUPPORT FOR SAFE
HERKIMER COUNTY HISTORICAL SOCIETY 400 NORTH MAIN ST HERKIMER, NY 13350	161019882	501(C)3	8,756.	0.			CONCRETE STEP REPLACEMENT/GENERAL SUPPORT
HERKIMER COUNTY HUMANE SOCIETY PO BOX 73 MOHAWK, NY 13407	161145993	501(C)3	19,249.	0.			GENERAL SUPPORT
HOPE HOUSE PO BOX 161 UTICA, NY 13503	223242715	501(C)3	105,000.	0.			NEW BUILDING PROJECT/GENERAL SUPPORT
HOUSE OF THE GOOD SHEPHERD 1550 CHAMPLIN AVE UTICA, NY 13502	150532199	501(C)3	76,000.	0.			EMERGENCY BRIDGE FUNDING (BOYS & GIRLS CLUB) GYM EQ RENOVATIONS
HUMANE SOCIETY OF ROME PO BOX 4572 ROME, NY 13440	160875792	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FROM STAFFWORKS CHARITABLE FUND FOR GENERAL SUPPORT
INSIGHT HOUSE 500 WHITESBORO ST UTICA, NY 13502	161509241	501(C)3	38,400.	0.			HELPING YOUTH THROUGH PREVENTION EDUCATION (HYPE) PROGRAM, ED RECOVERY * HEALTH

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FEDERATION OF THE MOHAWK VALLEY - 2310 ONEIDA ST - UTICA, NY 13501	150533576	501(C)3	24,249.	0.			EMERGENCY GRANT TO REPLACE HVAC UNIT (INSURANCE PAID FOR REPAIR SO GRANT AMENDED)
JOHNSON PARK CENTER PO BOX 160 UTICA, NY 13503	161498400	501(C)3	104,593.	0.			TO SUPPORT THE HEAD HAND & HEART FAMILY ENRICHMENT PROGRAM
KIDS ONEIDA 310 MAIN ST UTICA, NY 13501	161541078	501(C)3	85,000.	0.			POSITIVE SPACE/PHOTOVOICE PROGRAM, PROGRAM SUPPORT
KIRKLAND TOWN LIBRARY 55 1/2 COLLEGE ST CLINTON, NY 13323	150543588	501(C)3	37,500.	0.			WINDOW REPLACEMENT
LANDMARKS SOCIETY OF GREATER UTICA 1124 STATE ST UTICA, NY 13502	166180764	501(C)3	32,049.	0.			THREE RUTGER PARK KITCHEN RENOVATIONS AND HEATING UNITS
LEARNING DISABILITY ASSOCIATION OF THE MOHAWK VALLEY - 401 COLUMBIA ST, PO BOX 210 - UTICA, NY 13502	222402150	501(C)3	24,000.	0.			EDUCATION MINI-GRANT FOR TUTORING SCHOLARSHIPS
LEATHERSTOCKING BALLET, INC 2666 EDGEWOOD RD UTICA, NY 13501	161513186	501(C)3	5,475.	0.			ITEMS FOR NEW STUDIO
SUNY DELHI 3343 POST ST CLINTON, NY 13323	166064711		5,000.	0.			BARRETT WILLIAMS COOPER ENDOWMENT FUND AWARDED TO LEEANN CHESBRO
LITTLE FALLS MICRO FUND PO BOX 817 OLD FORGE, NY 13365	472242123	501(C)3	15,000.	0.			REVOLVING LOAN FUND DEVELOPMENT AND LITTLE FALLS MICRO FUND MATCHING GRANT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Schedule I (Form 990)

15-6016932

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAC'S SAFE RIDE PO BOX 888 NEW YORK, NY 13420	274156305	501(C)3	25,000.	0.			VAN PURCHASE
MADISON SQUARE BOYS & GIRLS CLUB, INC - 733 3RD AVE, RM 200 - UTICA, NY 10017	135596792	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
MOHAWK VALLEY COMMUNITY ACTION AGENCY, INC - 9882 RIVER RD - UTICA, NY 13502	160918009	501(C)3	31,500.	0.			GRANT FROM THE ROBERT ABLETT MEMORIAL FUND FOR MVCAA YOUTH TO ATTEND SUMMER PROGRAM
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DR UTICA, NY 13501	166071031		25,000.	0.			UNIVERSITY PARTNERSHIPS TO OFFER BACHELORS DEGREES AT MVCC
MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION - 1101 SHERMAN DR - UTICA, NY 13501	166071031	501(C)3	15,000.	0.			FOR THE M&T BANK/PARTNERS TRUST BANK CHARITABLE FUND NEW CAREER SCHOLARSHIP PROGRAM
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES - 309 GENESEE ST - UTICA, NY 13501	161158764	501(C)3	35,651.	0.			CASE MANAGEMENT PROGRAM EXPANSION INCLUDING HEALTH CARE GENERAL SUPPORT
NEIGHBORHOOD CENTER 624 ELIZABETH ST UTICA, NY 13501	161563069	501(C)3	13,800.	0.			LITERACY COALITION GRANT FOR BUS TRANSPORTATION, GENERAL SUPPORT
NICCOLLS MEMORIAL PRESBYTERIAN CHURCH - 228 CROSBY BLVD. - OLD FORGE, NY 13420	236393377	501(C)3	57,300.	0.			MISSION BOUTIQUE EXPANSION
NORTH UTICA SENIOR CITIZENS RECREATION CENTER, INC - 50 RIVERSIDE DR - UTICA, NY 13502	161059103	501(C)3	14,897.	0.			FITNESS CENTER EXPANSION, IMAGINATION LIBRARY START-UP

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Schedule I (Form 990)

15-6016932

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYCON - NEW YORK COUNCIL OF NONPROFITS - 272 BROADWAY - ALBANY, NY 12204	141343047	501(C)3	6,000.	0.			50 PERCENT RETAINER FEE FOR PEACEMAKER/WERC PROJECT
ON POINT FOR COLLEGE 500 PLANT ST UTICA, NY 13502	161569356	501(C)3	10,000.	0.			FOR OPERATIONAL SUPPORT FOR THE 2015-2016 SCHOOL YEAR
ONEIDA COMMUNITY MANSION HOUSE 170 KENWOOD AVE ONEIDA, NY 13421	222825570	501(C)3	20,000.	0.			FOR GENERAL SUPPORT
ONEIDA SQUARE PROJECT 500 PLANT ST UTICA, NY 13502	452904356	501(C)3	10,800.	0.			UTICA UNITED SOCCER PROGRAM
OUR LADY OF POLAND R C CHURCH 35 MAPLE ST SOUTHAMPTON, NY 11968	111675855	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
PARKWAY CENTER 220 MEMORIAL PKWY UTICA, NY 13501-4631	161557404	501(C)3	52,010.	0.			FOR A TECHNOLOGY INFRASTRUCTURE PROJECT
PLANNED PARENTHOOD MOHAWK HUDSON, INC - 1424 GENESEE ST - UTICA, NY 13502	146004167	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE NORTH COUNTRY NEW YORK, INC - 66 BRINKERHOFF ST - PLATTSBURGH, NY 12901	160919175	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
POLAND CENTRAL SCHOOL PO BOX 8 POLAND, NY 13431	383921009		5,000.	0.			EDUCATION MINI-GRANT FOR AFTER SCHOOL PROGRAM

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESBYTERIAN HOME & SERVICES 4290 MIDDLE SETTLEMENT RD NEW HARTFORD, NY 13413	160874414	501(C)3	50,000.	0.			REHABILITATION RENOVATION PROJECT
REMSSEN PERFORMING AND VISUAL ARTS CENTER INC - PO BOX 9 - REMSEN, NY 13438	900724319	501(C)3	5,000.	0.			CEILING PROJECT
RESCUE MISSION OF UTICA, INC 212 RUTGER ST UTICA, NY 13501	150569359	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
RESOURCE CENTER FOR INDEPENDENT LIVING, INC - PO BOX 210 - UTICA, NY 13503	222518284	501(C)3	9,249.	0.			FOR GENERAL SUPPORT
ROME CITY SCHOOL DISTRICT 409 BELL RD S ROME, NY 13440			10,000.	0.			HILLSIDE WORK SCHOLARSHIP 2016 COHART
ROME CLEAN AND GREEN 415 MADISON ST ROME, NY 13440	223188213	501(C)3	20,000.	0.			FISCAL SPONSOR FOR POSITIVELY ROME'S BIKE SHARE PROGRAM
ROME COLTS POP WARNER FOOTBALL ORGANIZATION - PO BOX 455 - ROME, NY 13442	231582287	501(C)3	23,000.	0.			PRACTICE FIELD DEVELOPMENT
ROME HISTORICAL SOCIETY 200 CHURCH ST ROME, NY 13440	150550178	501(C)3	30,000.	0.			COPPER ROOF REPAIR
ROME HOSPITAL FOUNDATION, INC 155 WEST DOMINICK ST ROME, NY 13440	161364515	501(C)3	10,000.	0.			FOR THE PURCHASE OF 3D BREAST TOMOSYNTHESIS EQUIPMENT

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROME MARINES VETERANS CENTER, INC 307 ADAMS ST ROME, NY 13440	271601045	501(C)3	23,650.	0.			HVAC SYSTEM
ROME RESCUE MISSION 413 EAST DOMINICK ST ROME, NY 13440	262553258	501(C)3	5,000.	0.			FOR THE MOBILE MISSION CAMPAIGN
ROME UP & RUNNING, INC 503 N GEORGE ST ROME, NY 13440	161586614	501(C)3	11,050.	0.			VACANT SPACE BUILD OUT TO ACCOMMODATE EVENTS, CLASSES AND ARTISTS WORK SPACE
SCULPTURE SPACE, INC 12 GATES ST UTICA, NY 13502	222197162	501(C)3	10,000.	0.			FOR THE TREE OF 40 FRUIT
SPRING FARM CARES 3364 ROUTE 12 CLINTON, NY 13323	161388835	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
ST JOSEPH & ST PATRICK'S CHURCH 702 COLUMBIA ST UTICA, NY 13502	160985052	501(C)3	9,000.	0.			FOR THE PURCHASE OF A DISHWASHER AT MOTHER MARIANNE'S WEST SIDE KITCHEN
ST LAWRENCE NYSARC FOUNDATION 6 COMMERCE LN CANTON, NY 13617	010604413	501(C)3	7,500.	0.			DONOR-ADVISED GRANT FROM RICHARD E ALEXANDER JR FAMILY FUND FOR THE BENEFIT OF DODGE POND
STEVENS-SWAN HUMANE SOCIETY 5664 HORATIO ST UTICA, NY 13502	150551485	501(C)3	51,749.	0.			REMODELING AND UPDATING DOG CAGES, GENERAL SUPPORT
SUNY POLYTECHNIC INSTITUTE FOUNDATION, INC - 100 SEYMOUR RD - UTICA, NY 13502	237412413	501(C)3	5,000.	0.			COMMUNITY IMPACT AWARD FOR FIRST LEGO LEAGUE

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAPESTRIES OF LIFE MINISTRIES 791 FABEN ISLAND RD PO BOX 8 FABENS, TX 79838	742502461	501(C)3	45,500.	0.			IN SUPPORT OF THE BUILDING FUND
THE ARC ONEIDA-LEWIS CHAPTER 245 GENESEE ST UTICA, NY 13501	150581298	501(C)3	25,000.	0.			SEPTIC SYSTEM REPLACEMENT AT THE CHARLES B WOLKON CAMP
THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES, INC - 2608 GENESEE ST - UTICA, NY 13502	156016932	501(C)3	5,200.	0.			DESIGNATED GRANT FROM THE COUPER FUND AWARDED TO THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA
THE ROOT FARM, INC 2860 KING RD SAUQUOIT, NY 13456	161568243	501(C)3	10,000.	0.			FOR THE LEARNING GARDEN
THE BOWMAN HOUSE 731 LAFAYETTE ST UTICA, NY 13502	161488620	501(C)3	15,200.	0.			2016 READING ROCKETS SUMMER PROGRAM/CHILD CARE ASSISTANCE PROGRAM
TOWN OF INLET PO BOX 179 INLET, NY 13360			9,000.	0.			TO REPAVE THE TENNIS COURTS
TOWN OF RUSSIA, NEW YORK 8916 NORTH MAIN ST PO BOX 126 POLAND, NY 13431	156001123		5,000.	0.			STOVE HOOD ADDITION
UNHS NEIGHBORSWORKS HOMEOWNERSHIP CENTER - 1611 GENESEE ST - UTICA, NY 13501	161137874	501(C)3	9,500.	0.			FOR SUPPORT OF THE 2016 HOUSING PARTNERSHIP
UNITED WAY OF THE VALLEY & GREATER UTICA AREA - 201 LAFAYETTE ST SUITE 201 - UTICA, NY 13502	150532074	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FROM MELE FAMILY FUND FOR GENERAL SUPPORT

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF HERKIMER AND
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITY HALL FOUNDATION PO BOX 393 BARNEVELD, NY 13304	161465500	501(C)3	15,000.	0.			ENERGY EFFICIENCY PROJECT
UPSTATE CEREBRAL PALSY 258 GENESEE ST SUITE 601 UTICA, NY 13502	150543657	501(C)3	15,223.	0.			POTTERY PROGRAM EXPANSION
UTICA COLLEGE 1600 BURRSTONE RD UTICA, NY 13502	161476258		160,150.	0.			YOUNG SCHOLARS LIBERTY PARTNERSHIPS PROGRAM DOWNTOWN CAMPUS EXPANSION
UTICA DOLLARS FOR SCHOLARS PO BOX 1733 UTICA, NY 13503	411795701	501(C)3	66,550.	0.			MATH, SCIENCE & HUMANITIES SCHOLARSHIPS
UTICA MONDAY NITE CORPORATION PO BOX 371 NEW HARTFORD, NY 13413	331021506	501(C)3	25,000.	0.			FISCAL SPONSOR FOR R2G LEVITT AMP UTICA CONCERT SERIES
UTICA MUNICIPAL HOUSING AUTHORITY 509 SECOND ST UTICA, NY 13501	156000653	501(C)3	44,763.	0.			AMERICORPS PROJECT
UTICA PUBLIC LIBRARY 303 GENESEE ST UTICA, NY 13501	150618132	501(C)3	53,398.	0.			FISCAL SPONSOR FOR FENCE AND ELECTRICAL WORK FOR COMMUNITY GARDEN, RESTROOM/PLUMBING
VIEW PO BOX 1144 OLD FORGE, NY 13420	161001728	501(C)3	91,519.	0.			OPERATING EXPENSES, MKTG PROGRAM, MISCELLANEOUS
VILLAGE OF ILION PO BOX 270 ILION, NY 13357	156001322		5,000.	0.			FENCE REPLACEMENT AT DAVID P WHALEN MEMORIAL PARK

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WANDERERS' REST HUMANE ASSOCIATION 7138 SUTHERLAND DR CANASTOTA, NY 13032	161191312	501(C)3	10,000.	0.			FOR GENERAL SUPPORT
WESTMORELAND SUMMER ACTIVITIES ASSOCIATION INC - 5060 JENKINS RD - VERNON, NY 13476	475639554	501(C)3	25,000.	0.			WESTMORELEAND POOL RESTORATION PROJECT
YMCA OF GREAT ROCHESTER 444 EAST MAIN ST ROCHESTER, NY 14604	160743242	501(C)3	50,000.	0.			FOR THE SE CAPITAL CAMPAIGN
YWCA OF THE MOHAWK VALLEY 1000 CORNELIA ST UTICA, NY 13502	150532279	501(C)3	5,000.	0.			TO SUPPORT THE SALUTE TO OUTSTANDING WOMEN PROGRAM

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DULHA BHAI GOPALBHAI FUND, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR-ADVISED GRANT FROM RICHARD E

**ALEXANDER, JR FAMILY FUND FOR THE TINY SMILING FACES FOUNDATION FOR
SCHOOLING**

NAME OF ORGANIZATION OR GOVERNMENT: HERKIMER AREA RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HERKIMER ACCESSIBLE REC PARK, EQ FOR

DISABLED WORKERS, CL AWARD SUPPORT FOR SAFE TRANSFER/MOVEMENT PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY FEDERATION OF THE MOHAWK VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY GRANT TO REPLACE HVAC UNIT (INSURANCE PAID FOR REPAIR SO GRANT AMENDED TO \$0)

NAME OF ORGANIZATION OR GOVERNMENT:

MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE M&T BANK/PARTNERS TRUST BANK CHARITABLE FUND NEW CAREER SCHOLARSHIP PROGRAM (\$15,000 PER YEAR FOR THREE YEARS)

NAME OF ORGANIZATION OR GOVERNMENT:

THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED GRANT FROM THE COUPER FUND AWARDED TO THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES, INC BANK AND ACCOUNTING FEES

NAME OF ORGANIZATION OR GOVERNMENT: UTICA PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FISCAL SPONSOR FOR FENCE AND ELECTRICAL WORK FOR COMMUNITY GARDEN, RESTROOM/PLUMBING IMPROVEMENTS, SUMMER READING PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.** Employer identification number **15-6016932**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

15-6016932

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALICIA DICKS PRESIDENT-CEO	(i)	158,405.	0.	0.	11,839.	9,483.	179,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

15-6016932

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(Area with horizontal lines for providing supplemental information)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.** Employer identification number **15-6016932**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	38	453,440.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

SCHEDULE M, LINE 32B: THE FOUNDATION USES A FINANCIAL INSTITUTION TO RECEIVE AND SELL PUBLICLY TRADED SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

**THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.**

Employer identification number
15-6016932

FORM 990, PART VI, SECTION A, LINE 2:

ONE PERSON IS EMPLOYED BY THE OTHER IN A SOLE PROPRIETORSHIP OR BY AN ORGANIZATION WITH WHICH THE OTHER IS ASSOCIATED AS A TRUSTEE, DIRECTOR, OFFICER, KEY EMPLOYEE, OR GREATER THAN 35% OWNER.

1.) EVE VAN DE WAL IS THE REGIONAL PRESIDENT OF AN ORGANIZATION ON WHICH RONALD CUCCARO AND JUDITH SWEET ARE ADVISORY BOARD MEMBERS.

2.) LAURA CASAMENTO IS THE PRESIDENT OF UTICA COLLEGE ON WHICH RONALD CURRARO IS A BOARD TRUSTEE MEMBER

3.) EVE VAN DE WAL IS THE BOARD CHAIR OF MOHAWK VALLEY EDGE ON WHICH LAURA CASAMENTO, RONALD CUCCARO, ALICIA DICKS, DAVID MANZELMANN, CATHLEEN MCCOLGIN, RICHARD TANTILLO, AND RANDALL VANWAGONER ARE MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT 990 IS REVIEWED BY THE FOUNDATION'S AUDIT AND COMPLIANCE COMMITTEE TO ENSURE COMPLIANCE WITH TAX LAWS. THE AUDIT AND COMPLIANCE COMMITTEE RECOMMENDS APPROVAL BY THE BOARD. THE FINAL VERSION OF THE FORM 990 IS E-MAILED TO EACH BOARD MEMBER. IN ORDER TO ASSIST BOARD MEMBERS WITH THEIR REVIEW OF THE FORM 990, A GUIDANCE TABLE IS PROVIDED THAT DESCRIBES EACH PART OF THE FORM 990 ALONG WITH KEY QUESTIONS THAT THE REVIEWER SHOULD CONSIDER WHEN REVIEWING THE 990.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S POLICY ON CONFLICTS OF INTEREST & CONFIDENTIALITY APPLIES TO ALL PERSONS HOLDING POSITIONS OF RESPONSIBILITY AND TRUST ON BEHALF OF THE FOUNDATION, INCLUDING BUT NOT LIMITED TO MEMBERS OF THE BOARD OF

Name of the organization	THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number	15-6016932
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THE FOUNDATION'S POLICY MANDATES THAT A DISCLOSURE FORM BE UPDATED ANNUALLY LISTING THE NAMES OR NONPROFIT ORGANIZATIONS OR BUSINESSES/CORPORATIONS IN WHICH THEY OR AN IMMEDIATE FAMILY MEMBERS HOLD A POSITION THAT MAY GIVE RISE TO A POTENTIAL CONFLICT BETWEEN PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION.

THE FOUNDATION'S POLICY REQUIRES DISCLOSURE OF A CONFLICT OF INTEREST: (A) PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES WITH RESPECT TO ANY MATTER INVOLVING THE CONFLICT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE; (B) PRIOR TO ENTERING INTO ANY CONTRACT OR TRANSACTION INVOLVING THE FOUNDATION; (C) AS SOON AS POSSIBLE AFTER THE BOARD MEMBER OR OFFICER SHALL LEARN OF A CONFLICT OF INTEREST IN ANY OTHER CONTEXT.

THE FOUNDATION'S POLICY STATES THAT FOLLOWING THE RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST, THE BOARD SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPOSED CONTRACT OR TRANSACTION INCLUDING THE PROCESS BY WHICH THE DECISION WAS MADE TO RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS PROPOSED. THE BOARD SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE ARRANGEMENTS ARE CONSISTENT WITH RECOMMENDING TO THE BOARD A CONFLICT OF INTEREST POLICY, RECOMMENDING THE FORMAT OF THE ANNUAL DISCLOSURE FORM, RECOMMENDING CHANGES AS NEEDED, AND ENSURING THE ORGANIZATION'S COMPLIANCE WITH ITS POLICY ON AT LEAST AN ANNUAL BASIS.

THE FOUNDATION'S POLICY STATES THAT PERSONS WITH A CONFLICT SHALL NOT BE AUTHORIZED TO APPROVE A CONTRACT OR TRANSACTION. AT THE TIME OF THE DISCUSSION AND DECISION CONCERNING THE AUTHORIZATION OF SUCH CONTRACT OR TRANSACTION, THE INTERESTED BOARD MEMBER OR OFFICER SHOULD NOT BE PRESENT AT THE MEETING.

Name of the organization THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE FOUNDATION'S PRESIDENT/CEO INCLUDES A REVIEW AND APPROVAL BY THE BOARD WHICH IS BASED ON PRIOR YEAR'S SALARY AS WELL AS COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE. IN ADDITION, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

SCHEDULE D, PART VII, LINE 2C

THE FOUNDATION'S OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.** Employer identification number **15-6016932**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY FOUNDATION GIFT HOLDING, LLC 2608 GENESEE ST UTICA, NY 13502	HOLDING OF GIFTED REAL ESTATE	NEW YORK		957,024.	THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES,

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION HOLDING CORPORATION - 20-0254573, 2608 GENESEE ST, UTICA, NY 13502	PROPERTY MANAGEMENT	NEW YORK	501(C)(3)	8	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FOUNDATION HOLDING CORPORATION	A	30,000.	AGREEMENT
(2) COMMUNITY FOUNDATION HOLDING CORPORATION	K	30,000.	AGREEMENT
(3)			
(4)			
(5)			
(6)			

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

COMMUNITY FOUNDATION GIFT HOLDING, LLC

DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2016 and Ending (mm/dd/yyyy) 12/31/2016		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: THE COMMUNITY FOUNDATION OF HERKIMER AND	Employer Identification Number (EIN): 15-6016932
	Mailing Address: 2608 GENESEE STREET	NY Registration Number: 00-46-10
	City / State / ZIP: UTICA, NY 13502	Telephone: 315 735-8212
	Website: FOUNDATIONHOC.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

ALICIA DICKS
PRESIDENT & CEO

President or Authorized Officer: _____
Signature Print Name and Title Date

Chief Financial Officer or Treasurer: _____
Signature Print Name and Title Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).