**Form 990**

**Return of Organization Exempt From Income Tax**

**EXTENDED TO NOVEMBER 15, 2022**

Under section 501(c), 527, or 4947(a)(11) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**Part I**

**Summary**

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 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)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7. a. Total unrelated business revenue from Part VIII, column (C), line 12

   b. Net unrelated business taxable income from Form 990-T, Part I, line 11

**Revenue**

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13. Grants and similar amounts paid (Part IX, column (A), line 1-3)

14. Benefits paid to or for members (Part IX, column (A), line 4)

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a. Professional fundraising fees (Part IX, column (A), line 11e)

16b. Total fundraising expenses (Part IX, column (D), line 25) - 313,346.

17. Other expenses (Part IX, column (A), lines 13a-13d, 11f-24e)

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19. Revenue less expenses. Subtract line 18 from line 12

**Expenses**

20. Total assets (Part X, line 18)

21. Total liabilities (Part X, line 26)

22. Net assets or fund balances. Subtract line 21 from line 20

**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.

Signed:

**ALICIA DICKS, PRESIDENT & CEO**

Date: 10/19/2022

Print/Type preparer’s name:

TRICIA L. LUCAS, CPA

Preparer’s signature:

Date: 09/20/22

Client served: P00227744

Preparer’s EIN: 13-2550103

Use Only

Firm’s address:

120 LONDO COURT

UTICA, NY 13502-5950

Phone no. (315) 735-5216

May the IRS discuss this return with the preparer shown above? See instructions:

X Yes No
THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. 15-6016932 Page 2

Part III Statement of Program Service Accomplishments

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

[ ] Yes [X] No

1. Briefly describe the organization's mission:

WORKING TO ACHIEVE ITS VISION OF A VIBRANT COMMUNITY WITH OPPORTUNITY FOR ALL, THE COMMUNITY FOUNDATION SUPPORTS AND LEADS TRANSFORMATIONAL INITIATIVES AND PROJECTS THAT BUILD, SUSTAIN AND ENHANCE COMMUNITY VIBRANCY; STEWARDS COMMUNITY RESOURCES TO ENSURE GREATER CAPACITY FOR

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 [X] No

If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

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 $ 10,789,193. including grants of $ 9,454,664.) (Revenue $ 15,395,023.)

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. IN 2021, THE COMMUNITY FOUNDATION AWARDED 1,037 GRANTS AND SCHOLARSHIPS TO ELIGIBLE NONPROFITS PRIMARILY 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 $  

4c. (Code: _______ ) (Expenses $  

4d. Other program services (Describe on Schedule O.)

(Expenses $  

4e. Total program service expenses  $ 10,789,193.  

Form 990 (2021)
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>X</td>
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<tr>
<td>2</td>
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<td>11</td>
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</tbody>
</table>

**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? If "Yes," complete Schedule C, Part II

- Is the organization a section 501(c)(d), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III
- 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? If "Yes," complete Schedule D, Part I
- Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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? If "Yes," complete Schedule D, Part IV
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 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.
  - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - 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? If "Yes," complete Schedule D, Part VII
  - 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? If "Yes," complete Schedule D, Part VIII
  - 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? If "Yes," complete Schedule D, Part IX
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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)? If "Yes," complete Schedule D, Part X
  - Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.
  - Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
  - Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
  - Did the organization maintain an office, employees, or agents outside of the United States?
  - 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? If "Yes," complete Schedule F, Parts I and IV
  - 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? If "Yes," complete Schedule F, Parts II and IV
  - 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? If "Yes," complete Schedule F, Parts III and IV
  - 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? If "Yes," complete Schedule G, Part I. See instructions
  - Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
  - Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
  - Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - 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? If "Yes," complete Schedule I, Parts I and II
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong> 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? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>23</strong> Did the organization answer &quot;Yes&quot; 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? If &quot;Yes,&quot; complete Schedule J</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>24a</strong> 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? If &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>24b</strong> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24c</strong> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24d</strong> Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25a</strong> Section 501(c)(3), 501(e)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>25b</strong> 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? If &quot;Yes,&quot; complete Schedule L, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>26</strong> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>27</strong> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>28</strong> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>28a</strong> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>28b</strong> A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>28c</strong> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>29</strong> Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>30</strong> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>31</strong> Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>32</strong> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>33</strong> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>34</strong> Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>35a</strong> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>35b</strong> If &quot;Yes&quot; 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)? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>36</strong> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>37</strong> 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? If &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>38</strong> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Note:** All Form 990 filers are required to complete Schedule O.

### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong> Enter the number reported in box 3 of Form 1096. Enter 0 if not applicable</td>
<td>1a</td>
<td>2</td>
</tr>
<tr>
<td><strong>1b</strong> Enter the number of Forms W-2G included on line 1a. Enter 0 if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td><strong>1c</strong> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>X</td>
</tr>
</tbody>
</table>
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: 20

2b Yes

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.

3a Did the organization have unrelated business gross income of $1,000 or more during the year?

3b No

3c Yes

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)?

4b Yes

b If "Yes," enter the name of the foreign country...


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b No

5c Yes

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit contributions that were not tax deductible as charitable contributions?

6b Yes

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).

7a 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?

7b No

7c Yes

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f No

7g Yes

7h Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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?

8a No

8b Yes

9 Sponsoring organizations maintaining donor advised funds.

9a No

9b Yes

10 Section 501(c)(7) organizations.

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations.

11a Gross income from members or shareholders

11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12b Yes

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 Section 501(c)(39) qualified nonprofit health insurance issuers.

13a Is the organization licensed to issue qualified health plans in more than one state?

13b 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

13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b No

14c Yes

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

15a No

15b Yes

If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

16a No

16b Yes

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17a No

b If "Yes," complete Form 6069.
### 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 on 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**

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year</td>
<td>1a</td>
<td>19</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included on line 1a, above, who are independent</td>
<td>1b</td>
<td>19</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>2</td>
<td>X</td>
</tr>
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<td>3</td>
<td>Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>X</td>
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<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
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<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>5</td>
<td>X</td>
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<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6</td>
<td></td>
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<tr>
<td>7a</td>
<td>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?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>X</td>
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<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>8a</td>
<td>The governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td>8b</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; provide the names and addresses on Schedule O</td>
<td>9</td>
<td>X</td>
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**Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)**

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>10b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Describe on Schedule O the process, if any, used by the organization to review this Form 990.</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>12c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe on Schedule O how this was done</td>
<td>12c</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15a</td>
<td>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?</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>15b</td>
<td>Other officers or key employees of the organization</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>16b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>16b</td>
<td>X</td>
</tr>
</tbody>
</table>

**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 (1024 or 1024-A, 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.

- [X] Own website
- [X] Other's website
- [X] Upon request
- [] Other (explain on Schedule O)

19 Describe on 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: ERIKA EASTMAN - 315-735-8212

2608 GENESEE ST, UTICA, NY 13502
### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ALICIA DICKS</td>
<td>40.00</td>
<td>X</td>
<td>173,602.</td>
<td>0.</td>
<td>33,130.</td>
</tr>
<tr>
<td>PRESIDENT/CHIEF EXECUTIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) NICHOLAS GRIMMER</td>
<td>40.00</td>
<td>X</td>
<td>108,479.</td>
<td>0.</td>
<td>7,594.</td>
</tr>
<tr>
<td>DIRECTOR OF GIVING STRATEG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) JOHN SWANN</td>
<td>40.00</td>
<td>X</td>
<td>105,453.</td>
<td>0.</td>
<td>7,382.</td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) ERIKA EASTMAN</td>
<td>40.00</td>
<td>X</td>
<td>95,500.</td>
<td>0.</td>
<td>21,752.</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) ROBERT BOJANOV</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) LAURA CASAMENTO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) RONALD CUCCARO</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) BURT DANOVITZ</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) JAMES ENGLER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) KIRK HINMAN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) HARRISON HUMMEL</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) CATHLEEN MCCOLVIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) GREGORY MCLEAN</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) KAY PARKER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) RANDALL VANWAGONER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) JAMES WALLACE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) MARK WARFEL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18. BRADLEY WATERS</strong></td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>19. BONNIE WOODS</strong></td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>20. KATHRYN ZONGRONE</strong></td>
<td>1.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>21. JAWWAAD RASHEED</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR ELECT/INCOMING CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22. REV. JOSEPH SALERNO</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE/INCOMING CHAIR-ELECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23. TIMOTHY DALY</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>OUTGOING SECRETARY/INCOMING TREASURE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24. CHERYL MINOR</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE/INCOMING SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25. DAVID MANZELMANN</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>OUTGOING CHAIR/IMMEDIATE PAST CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>26. L. MICHAEL FITZGERALD</strong></td>
<td>3.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>OUTGOING TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Subtotal: 483,034. 0. 69,858.

c Total from continuation sheets to Part VII, Section A: 0. 0. 0.

d Total (add lines 1b and 1c): 483,034. 0. 69,858.

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: 3

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: 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? If "Yes," complete Schedule J for such individual: 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? If "Yes," complete Schedule J for such person: 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:

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

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: 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)
<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) EVE VAN DE WAL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>IMMEDIATE PAST CHAIR/ TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
**Part VIII: Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f $15,527,425.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g $3,773,887.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total, Add lines 1a-1f</td>
<td></td>
<td>15,527,425</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>2a AGENCY FUNDS ADMIN FEE</th>
<th>900099</th>
<th>97,356</th>
<th>97,356</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2g Total, Add lines 2a-2f</td>
<td></td>
<td>97,356</td>
<td></td>
</tr>
</tbody>
</table>

**Investment Income (including dividends, interest, and other similar amounts)**

| 3 | 3,794,722 | 3,794,722 |

**Income from investment of tax-exempt bond proceeds**

| 4 | 3,794,722 | 3,794,722 |

**Roguities**

| 5 |        |        |        |

**Gross Rents**

| 6a | (i) Real | (ii) Personal |        |
| 6b |         |              |        |
| 6c |         |              |        |

**Net Rental Income or (Loss)**

| 7 | 11,502,945 | 11,502,945 |

**Gross Amount from Sales of Assets other than Inventory**

| 7a | (i) Securities | (ii) Other |        |
| 7b |                |            |        |
| 7c | 11,502,945 | 11,502,945 |

**Net Gain or (Loss)**

| 7d | 11,502,945 | 11,502,945 |

**Gross Income from Fundraising Events (not including $ of contributions reported on line 1c). See Part IV, line 18**

| 8a | 8b | 8c |
| 8d | 8e | 8f |

**Gross Income from Gaming Activities. See Part IV, line 19**

| 9a | 9b | 9c |
| 9d | 9e | 9f |

**Gross Sales of Inventory, Less Returns and Allowances**

| 10a | 10b | 10c |
| 10d | 10e | 10f |

**Net Income or (Loss) from Sales of Inventory**

| 10e | 10f | 10g |
| 10h | 10i | 10j |

**Miscellaneous Revenue**

| 11a | 11b | 11c |
| 11d | 11e | 11f |

**Total Revenue. See instructions**

| 12 | 30,922,448 | 15,395,023 | 0 | 0 |

Form 990 (2021)
<p>| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |</p>
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>9,182,514</td>
<td>9,182,514</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>272,150</td>
<td>272,150</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td>323,984</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>323,984</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>948,660</td>
<td>338,021</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>55,684</td>
<td>21,218</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>133,831</td>
<td>47,213</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>105,194</td>
<td>29,454</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>64,639</td>
<td>24,068</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>20,775</td>
<td>5,817</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch. O.)</td>
<td>45,400</td>
<td>10,078</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>53,562</td>
<td>19,010</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>31,023</td>
<td>8,757</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>110,230</td>
<td>28,776</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>81,244</td>
<td>22,749</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>7,523</td>
<td>3,518</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>32,544</td>
<td>23,856</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>74,532</td>
<td>3,518</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>4,606</td>
<td>6,606</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24a amount exceeds 10% of line 25, column (A), amount, list line 24a expenses on Schedule O.)</td>
<td>739,000</td>
<td>739,000</td>
</tr>
<tr>
<td>a</td>
<td>PROGRAM INITIATIVES</td>
<td>739,000</td>
<td>739,000</td>
</tr>
<tr>
<td>b</td>
<td>DEVELOPMENT &amp; EVENTS</td>
<td>15,409</td>
<td>4,314</td>
</tr>
<tr>
<td>c</td>
<td>MISCELLANEOUS</td>
<td>5,741</td>
<td>1,154</td>
</tr>
<tr>
<td>d</td>
<td>MEMBERSHIPS &amp; PUBLICATI</td>
<td>4,606</td>
<td>920</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>13,534,468</td>
<td>10,789,193</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>3,084,636.</td>
<td>1</td>
<td>4,478,545.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
<td>647,826.</td>
<td>10b</td>
<td>526,009.</td>
</tr>
<tr>
<td>10c</td>
<td>Less: accumulated depreciation</td>
<td>124,737.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10d</td>
<td>Total assets</td>
<td>121,817.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>166,153,421.</td>
<td>11</td>
<td>179,711,003.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>7,035,918.</td>
<td>12</td>
<td>13,631,917.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>6,679,161.</td>
<td>15</td>
<td>9,459,470.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>183,077,873.</td>
<td>16</td>
<td>207,402,752.</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>104,054.</td>
<td>17</td>
<td>179,859.</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>3,882,304.</td>
<td>18</td>
<td>3,819,993.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>610,000.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>8,276,489.</td>
<td>25</td>
<td>9,998,610.</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>12,872,847.</td>
<td>26</td>
<td>13,998,462.</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here ▶ X, and complete lines 27, 28, 29, 32, and 33.</td>
<td>27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Net assets without donor restrictions</td>
<td>44,184,833.</td>
<td>27</td>
<td>45,155,461.</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Organizations that do not follow FASB ASC 958, check here ▶ □, and complete lines 29 through 33.</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td>170,205,026.</td>
<td>33</td>
<td>193,404,290.</td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
<td>183,077,873.</td>
<td>34</td>
<td>207,402,752.</td>
<td></td>
</tr>
</tbody>
</table>
THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC. 15-6016932 Page 12

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) ........................................... 1 30,922,448.

2 Total expenses (must equal Part IX, column (A), line 25) ................................................ 2 13,534,468.

3 Revenue less expenses. Subtract line 2 from line 1 ................................................................. 3 17,387,980.

4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ...................... 4 170,205,026.

5 Net unrealized gains (losses) on investments .............................................................................. 5 5,011,284.

6 Donated services and use of facilities ......................................................................................... 6

7 Investment expenses .................................................................................................................. 7

8 Prior period adjustments .............................................................................................................. 8

9 Other changes in net assets or fund balances (explain on Schedule O) ........................................... 9 0.

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .................................................. 10 193,404,290.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash ☐ Accrual ☒ Other ☐ 2a X

If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2b X

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:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant? 2c X

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:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

2c 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? 3a X

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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? 3b X

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)
### SCHEDULE A
(For Form 990)

**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.
- Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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:

- 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.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 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.)
- A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- An agricultural research organization described in section 170(b)(1)(A)(viii) 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:

- 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.)

- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

- 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 on 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):

<table>
<thead>
<tr>
<th>(I) Name of supported organization</th>
<th>(II) EIN</th>
<th>(III) Type of organization described on lines 1-10 above (see instructions)</th>
<th>(IV) Is the supporting organization described on lines 1-10 above (see instructions)</th>
<th>(V) Amount of monetary support (see instructions)</th>
<th>(VI) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.**

**Schedule A (Form 990) 2021**

### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>7,506,824</td>
<td>12,667,998</td>
<td>19,236,245</td>
<td>8,834,987</td>
<td>15,408,082</td>
<td>63,654,136</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

**Total.** Add lines 1 through 3

7,506,824 | 12,667,998 | 19,236,245 | 8,834,987 | 15,408,082 | 63,654,136 |

**Public support.** Subtract line 5 from line 4.

23,692,651 |

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>7,506,824</td>
<td>12,667,998</td>
<td>19,236,245</td>
<td>8,834,987</td>
<td>15,408,082</td>
<td>63,654,136</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>2,651,361</td>
<td>2,612,086</td>
<td>3,089,172</td>
<td>2,693,529</td>
<td>3,794,722</td>
<td>14,840,870</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>

**Total support.** Add lines 7 through 10

78,495,006 |

**First 5 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

| Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | 50.91 % |
| Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 45.74 % |

**16a 33 1/3% support test - 2021.** 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.

**17a 10% -facts-and-circumstances test - 2021.** 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.

**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.

SCHEDULE A (FORM 990) 2021
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
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</tr>
<tr>
<td>that is related to the organization's</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>tax-exempt purpose</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>are not an unrelated trade or business</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid to</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>or expended on its behalf</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
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</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from other disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>that exceed the greater of $5,000 or 1% of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7 from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lines 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included on line 10b</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
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</tr>
<tr>
<td>regularly carried on</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10a, 11,</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>and 12)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First 5 years. If the Form 990 is for</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>the organization's first, second, third,</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>501(c)(3) organization, check this box and</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>stop here</td>
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<td></td>
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</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2020 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2020 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19a</td>
<td>33 1/3% support tests - 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33 1/3% support tests - 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section A. All Supporting Organizations**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td></td>
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<tr>
<td>3b</td>
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<tr>
<td>3c</td>
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<tr>
<td>4a</td>
<td></td>
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<tr>
<td>4b</td>
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<tr>
<td>4c</td>
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<tr>
<td>5a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td></td>
<td></td>
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<tr>
<td>5c</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule A (Form 990) 2021

Oneida Counties, Inc. 15-6016932 Page 5

<table>
<thead>
<tr>
<th>Part IV</th>
<th>Supporting Organizations (continued)</th>
</tr>
</thead>
</table>

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 on lines 11b and 11c, below, the governing body of a supported organization?
   b A family member of a person described on line 11a above?
   c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide
detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers, 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 officers, 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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

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 on line 2, above, 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.

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 The organization satisfied the Activities Test. Complete line 2a below.
   b The organization is the parent of each of its supported organizations. Complete line 3b below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.
   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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.
### Section A - Adjusted Net Income

1. Net short-term capital gain
2. Recoveries of prior-year distributions
3. Other gross income (see instructions)
4. Add lines 1 through 3.
5. Depreciation and depletion
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)
7. Other expenses (see instructions)
8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

### Section B - Minimum Asset Amount

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
   b. Average monthly cash balances
   c. Fair market value of other non-exempt-use assets
   d. Total (add lines 1a, 1b, and 1c)
   e. Discount claimed for blockage or other factors (explain in detail in Part VI)
2. Acquisition indebtedness applicable to non-exempt-use assets
3. Subtract line 2 from line 1d.
4. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).
5. Net value of non-exempt-use assets (subtract line 4 from line 3)
6. Multiply line 5 by 0.035.
7. Recoveries of prior-year distributions
8. Minimum Asset Amount (add line 7 to line 6)

### Section C - Distributable Amount

1. Adjusted net income for prior year (from Section A, line 8, column A)
2. Enter 0.85 of line 1.
3. Minimum asset amount for prior year (from Section B, line 8, column A)
4. Enter greater of line 2 or line 3.
5. Income tax imposed in prior year
6. Distributable Amount: Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).
7. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

---

Schedule A (Form 990) 2021
# THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

**Schedule A (Form 990) 2021**

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

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI), See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions, Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI), See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 9</td>
</tr>
<tr>
<td>10</td>
<td>Line 6 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI), See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI, See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2021

132027 01-04-22
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
Schedule B
(Form 990)

Name of the organization

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTRIES, INC.

Employer identification number

15-6016932

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ  □ 501(c)(3) exempt private foundation

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) nonexempt 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), 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 (entering ‘N/A’ in column b instead of the contributor name and address), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ANITA A. VITULLO 600 FRENCH ROAD, BLDG 1 NEW HARTFORD, NY 13413</td>
<td>$618,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td>COGAR FOUNDATION, INC 2007 BEECHGROVE PL UTICA, NY 13501</td>
<td>$403,930.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td>COMMUNITY FOUNDATION OF OTSEGO COUNTY, INC. PO BOX 55 SPRINGFIELD CENTER, NY 13468</td>
<td>$668,648.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>4</td>
<td>DENNIS FOWLER PO BOX 70 OTEGO, NY 13825</td>
<td>$506,321.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td>ELIZABETH R HOWELL CHARITABLE REMAINDER TRUST 555 FRENCH RD NEW HARTFORD, NY 13413</td>
<td>$458,042.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td>ESTATE OF KATHERINE S. WINTER 75 ISHAM RD, STE 300 WEST HARTFORD, CT 06107</td>
<td>$1,000,000.00</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>------------------------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>7</td>
<td>ESTATE OF RUTH BEGENT 135 TIMBERLANE RD GALLATIN, TN 37066</td>
<td>$2,347,306</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>8</td>
<td>JP MORGAN CHARITABLE - JOHN &amp; DEAANNA SAMMON CHARITABLE FUND 165 TOWNSHIP LINE RD, SUITE 1200 JENKINTOWN, PA 19046</td>
<td>$1,051,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>9</td>
<td>LOTIS B HOWLAND REVOCABLE TRUST 408 LOMOND PL UTICA, NY 13502</td>
<td>$900,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>10</td>
<td>RONALD H. WOOD 412 STATE RT. 365 REMSEN, NY 13438</td>
<td>$1,020,748</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>11</td>
<td>STAFFWORKS, INC. 600 FRENCH ROAD, BUILDING 1 NEW HARTFORD, NY 13413</td>
<td>$1,650,000</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>12</td>
<td>WILLIAM FAHY 168 NORTHWOOD CIR ROME, NY 13440</td>
<td>$682,512</td>
<td>Person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>VARIOUS STOCK</td>
<td>$506,321</td>
<td>12/29/21</td>
</tr>
<tr>
<td>10</td>
<td>6,800 SHARES OF AAPL</td>
<td>$1,020,748</td>
<td>11/02/21</td>
</tr>
<tr>
<td>12</td>
<td>2,400 SHARES OF AAPL AND 800 SHARES OF MSFT</td>
<td>$682,512</td>
<td>12/08/21</td>
</tr>
</tbody>
</table>

**Schedule B (Form 990) (2021)**
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 into line 10.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee
**Supplemental Financial Statements**

**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>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>137</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>3,914,184</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td>4,337,568</td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>61,238,999</td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes  [No]

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes  [No]

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   a. Total number of conservation easements
   b. Total acreage restricted by conservation easements
   c. Number of conservation easements on a certified historic structure included in (a)
   d. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  [Yes]  [No]

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   - $

8. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  [Yes]  [No]

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   - (i) Revenue included on Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
   - a Revenue included on Form 990, Part VIII, line 1
   - b Assets included in Form 990, Part X
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
   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:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>c Beginning balance</td>
<td>1c</td>
</tr>
<tr>
<td>d Additions during the year</td>
<td>1d</td>
</tr>
<tr>
<td>e Distributions during the year</td>
<td>1e</td>
</tr>
<tr>
<td>f Ending balance</td>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance
   42,270,236.

b Contributions
   849,336.

c Net investment earnings, gains, and losses
   4,830,562.

d Grants or scholarships
   2,817,464.

e Other expenses for facilities
   2,646.

f Administrative expenses
   442,655.

g End of year balance
   51,568,311.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment 72.2000 %
   b Permanent endowment 27.8000 %

   c Term endowment %
   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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
   [ ] Yes  [ ] No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td>647,826.</td>
<td>526,009.</td>
<td>121,817.</td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) INVESTED CASH</td>
<td>7,881,181.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B) ALTERNATIVE INVESTMENTS</td>
<td>5,535,138.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(C) LIFE INSURANCE</td>
<td>145,776.</td>
<td>END-OF-YEAR MARKET VALUE</td>
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<tr>
<td>(D) COMMODITIES</td>
<td>69,822.</td>
<td>END-OF-YEAR MARKET VALUE</td>
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<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
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<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
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</tr>
<tr>
<td><strong>Total</strong> (Col. (b) must equal Form 990, Part X, col. (8) line 12.)</td>
<td>13,631,917.</td>
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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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<tr>
<td>(8)</td>
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</tr>
<tr>
<td>(9)</td>
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<tr>
<td><strong>Total</strong> (Col. (b) must equal Form 990, Part X, col. (8) line 13.)</td>
<td></td>
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</tbody>
</table>

Part IX | Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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</thead>
<tbody>
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<td>(1)</td>
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</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
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<td>(6)</td>
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<td>(8)</td>
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</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>

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
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) AGENCY LIABILITIES</td>
<td>8,602,866.</td>
</tr>
<tr>
<td>(3) CHARITABLE GIFT ANNUITIES</td>
<td>944,974.</td>
</tr>
<tr>
<td>(4) COMPENSATED ABSENCES</td>
<td>18,480.</td>
</tr>
<tr>
<td>(5) CHARITABLE REMAINDER UNITRUST</td>
<td>432,290.</td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, col. (8) line 25.)</td>
<td>9,998,610.</td>
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</tbody>
</table>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. 

Schedule D (Form 990) 2021

132053 10-26-21
**Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

**Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
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<th></th>
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</thead>
<tbody>
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<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

**Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
# 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.
- Go to www.irs.gov/Form990 for the latest information.

## 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.

<table>
<thead>
<tr>
<th>1(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 ELEMENTS STUDIO</td>
<td>83-4550059</td>
<td></td>
<td>16,050</td>
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<td>CAPITAL, INFRASTRUCTURE</td>
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<td>PROGRAM SUPPORT</td>
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<td>730 BROADWAY ST, UTICA, NY 13502</td>
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<td>(UT, PROGRAM SUPPORT)</td>
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<td>4 PETS AKE FOOD PANTRY</td>
<td>46-2126711</td>
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<td>18,490</td>
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<tr>
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<tr>
<td>ABRAHAM HOUSE</td>
<td>16-1551609</td>
<td></td>
<td>19,031</td>
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<tr>
<td>1203 KEMBLE ST, UTICA, NY 13501</td>
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<tr>
<td>ADIRONDACK CENTER FOR WRITING, INC., PO BOX 956 - SARANAC LAKE, NY 12983-0956</td>
<td>01-0562418</td>
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<td>18,000</td>
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<td>PROGRAM SUPPORT</td>
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<td>10,000</td>
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<td>9097 STATE RTE 30 PO BOX 99</td>
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<td></td>
</tr>
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<td>BLUE MOUNTAIN LAKE, NY 12812-7734</td>
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<td>ADIRONDACK FOUNDATION</td>
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<td>10,000</td>
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<td>PROGRAM SUPPORT</td>
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<tr>
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<td></td>
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</tr>
</tbody>
</table>

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
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<td>81-2893882</td>
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<td>50,000</td>
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<td>ALBANY LAW SCHOOL</td>
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<td>SOCIETY - 5664 HORATIO ST - UTICA,</td>
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<td></td>
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</tr>
</tbody>
</table>

Schedule I (Form 990)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
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<tbody>
<tr>
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<td>51-0201231</td>
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<td>27,900</td>
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</tr>
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<tr>
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<tr>
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<tr>
<td>BROOME COUNTY HUMANE SOCIETY AND RELIEF ASSOCIATION - 167 CONKLIN AVE - BINGHAMTON, NY 13903</td>
<td>15-0622327</td>
<td></td>
<td>30,000</td>
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<tr>
<td>BROTHERTOWN SCHOLARSHIP FUND INC.</td>
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<td></td>
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<td>PO BOX 454</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>27-4295905</td>
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<td>DELAWARE VALLEY HUMANE SOCIETY, INC. - PO BOX 182 - SIDNEY, NY 13838</td>
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<td>DODGE Pratt Northam Art &amp; Community Center, Inc. - 106 Schuyler St, Boonville, NY 13309</td>
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<td>83-1680897</td>
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<td>EVERY Dog's Dream Rescue 1270 State Hwy 206 GREENE, NY 13778</td>
<td>26-4507136</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>HEALTH WORKFORCE COLLABORATIVE 20 DUNCAN STREET PO BOX 152 WARSaw, NY 14569</td>
<td>85-2837780</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>HOSPICE &amp; PALLIATIVE CARE, INC.</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>OLD FORGE VOLUNTEER AMBULANCE CORP., INC. - PO BOX 1170 - OLD FORGE, NY 13420-1170</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
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<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
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<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(h) Purpose of grant or assistance</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
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<td>690 W GERMAN ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HERKIMER, NY 13350</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VALLEY RESIDENTIAL SERVICES, INC.</td>
<td>46-3703838</td>
<td></td>
<td>11,402</td>
<td>0</td>
<td></td>
<td>PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>161 VALLEY DR</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HERKIMER, NY 13350</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>VERA HOUSE, INC.</td>
<td>51-0201530</td>
<td></td>
<td>10,000</td>
<td>0</td>
<td></td>
<td>GENERAL SUPPORT</td>
<td></td>
</tr>
<tr>
<td>723 JAMES ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SYRACUSE, NY 13203</td>
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<td></td>
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<td></td>
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<tr>
<td>VERONA UNITED METHODIST CHURCH</td>
<td>16-1222460</td>
<td></td>
<td>12,135</td>
<td>0</td>
<td></td>
<td>PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>5694 E MAIN ST</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VERONA, NY 13478</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>VIEW</td>
<td>16-1001728</td>
<td></td>
<td>107,083</td>
<td>0</td>
<td></td>
<td>GENERAL SUPPORT, PROGRAM SUPPORT</td>
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<tr>
<td>PO BOX 1144 3273 NY-28</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>OLD FORGE, NY 13420</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>VILLAGE OF BOONVILLE</td>
<td>15-6001272</td>
<td></td>
<td>10,000</td>
<td>0</td>
<td></td>
<td>CAPITAL, INFRASTRUCTURE - EQUIPMENT</td>
<td></td>
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<tr>
<td>13149 STATE ROUTE 12</td>
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<td></td>
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<tr>
<td>BOONVILLE, NY 13309-4966</td>
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<td></td>
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<tr>
<td>WANDERERS' REST HUMANE ASSOCIATION</td>
<td>16-1191312</td>
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<td>31,750</td>
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<td>GENERAL SUPPORT, PROGRAM SUPPORT</td>
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<tr>
<td>7138 SUTHERLAND DR</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CANAVENTA, NY 13032</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAYWARD PAWS, INC.</td>
<td>20-5193155</td>
<td></td>
<td>12,000</td>
<td>0</td>
<td></td>
<td>GENERAL SUPPORT</td>
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</tr>
<tr>
<td>9048 DELPHI FALLS RD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEW WOODSTOCK, NY 13122</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>-----------------------------</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>WOMEN'S FUND OF HERKIMER &amp; ONEIDA COUNTIES - 2 WILLIAMS ST - CLINTON, NY 13323</td>
<td>20-4296797</td>
<td></td>
<td>72,200</td>
<td>0</td>
<td></td>
<td>GENERAL SUPPORT, PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>WOODSHILL, INC. 9755 SESSIONS RD SAUQUOIT, NY 13456</td>
<td>81-3664556</td>
<td></td>
<td>5,500</td>
<td>0</td>
<td></td>
<td>GENERAL SUPPORT, PROGRAM SUPPORT</td>
<td></td>
</tr>
<tr>
<td>YWCA OF THE MOHAWK VALLEY 7 RUTGER PARK UTICA, NY 13501-3000</td>
<td>15-0532279</td>
<td></td>
<td>59,872</td>
<td>0</td>
<td></td>
<td>CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, CAPITAL, INFRASTRUCTURE - EQUIPMENT, GENERAL</td>
<td></td>
</tr>
</tbody>
</table>
### Schedule I (Form 990) 2021

**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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIPS</td>
<td>146</td>
<td>272,150</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**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:** ARC HERKIMER

**(H) PURPOSE OF GRANT OR ASSISTANCE:** CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, LEADERSHIP, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT

**NAME OF ORGANIZATION OR GOVERNMENT:** HOSPICE & PALLIATIVE CARE, INC.

**(H) PURPOSE OF GRANT OR ASSISTANCE:** CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, GENERAL SUPPORT, LEADERSHIP, PROFESSIONAL DEVELOPMENT
NAME OF ORGANIZATION OR GOVERNMENT: LIVINGADK

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING, TECHNICAL ASSISTANCE, CAPITAL, INFRASTRUCTURE - EQUIPMENT, CAPITAL, INFRASTRUCTURE - IT, GENERAL SUPPORT, LEADERSHIP, PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, INDIVIDUAL DEVELOPMENT, LEADERSHIP, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: MOHAWK VALLEY FRONTIERS CLUB

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPACITY BUILDING, TECHNICAL ASSISTANCE, CAPITAL, INFRASTRUCTURE - EQUIPMENT, INDIVIDUAL DEVELOPMENT, OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: OLD FORGE LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, CAPITAL, INFRASTRUCTURE - EQUIPMENT, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: THEA BOWMAN HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, INFRASTRUCTURE - IT, GENERAL SUPPORT, LEADERSHIP, PROFESSIONAL DEVELOPMENT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UTICA ZOOLOGICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, GENERAL SUPPORT, INDIVIDUAL DEVELOPMENT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: VIEW
PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, GENERAL SUPPORT, INDIVIDUAL DEVELOPMENT, PROGRAM SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: YWCA OF THE MOHAWK VALLEY

PURPOSE OF GRANT OR ASSISTANCE: CAPITAL, INFRASTRUCTURE - BUILDING, RENOVATIONS, CAPITAL, INFRASTRUCTURE - EQUIPMENT, GENERAL SUPPORT, PROGRAM SUPPORT
## Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing allowance or residence for personal use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payments for business use of personal residence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health or social club dues or initiation fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
</tr>
</tbody>
</table>

| 1b | 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 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. |
|   | Compensation committee |   |
|   | Independent compensation consultant |   |
|   | Form 990 of other organizations |   |
|   | Written employment contract |   |
|   | Compensation survey or study |   |
|   | 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? |

| 4a |   | X |
| 4b |   | X |
| 4c |   | X |

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? |

| 5a |   | X |
| 5b |   | X |

| 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? |

| 6a |   | X |
| 6b |   | X |

| 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. |

| 7 |   | X |

| 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. |

| 8 |   | X |

| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? |

<p>| 9 |   |   |</p>
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ALICIA DICKS</td>
<td>173,602 (i) 0 (ii) 0 (iii) 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT/CHIEF EXECUTIVE</td>
<td>0 (i) 0 (ii) 0 (iii) 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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.
Noncash Contributions

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.</th>
<th>Employer identification number</th>
<th>15-6016932</th>
</tr>
</thead>
</table>

### Part I: Types of Property

<table>
<thead>
<tr>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
<td>X 78 3,773,887.</td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
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<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
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</tr>
<tr>
<td>19 Food inventory</td>
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<td></td>
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</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
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</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
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<td></td>
</tr>
<tr>
<td>25 Other</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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) 2021
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:

THE FOUNDATION USES A FINANCIAL INSTITUTION TO RECEIVE AND SELL PUBLICLY TRADED SECURITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUTURE NEEDS; AND RESPONDS TO RISING COMMUNITY NEEDS IN COLLABORATION WITH APPROPRIATE PARTNERS.

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 OF WHICH RONALD CUCCARO AND CATHLEEN MCCOLGIN ARE ADVISORY BOARD MEMBERS.
2.) LAURA CASAMENTO IS THE PRESIDENT OF UTICA UNIVERSITY OF WHICH RONALD CUCCARO IS A BOARD MEMBER.
3.) LAURA CASAMENTO, RONALD CUCCARO, ALICIA DICKS, DAVE MANZELMANN, CATHLEEN MCCOLGIN, EVE VAN DE WAL, KIRK HINMAN AND RANDALL VANWAGONER ARE MEMBERS OF THE MOHAWK VALLEY EDGE BOARD.
4.) BONNIE WOODS WAS THE BOARD CHAIR OF MOHAWK VALLEY HEALTH SYSTEM OF WHICH GREGORY MCLEAN IS A MEMBER OF THE BOARD. DAVID MANZELMANN IS A BOARD MEMBER OF MOHAWK VALLEY HEALTH SYSTEM FOUNDATION. DR. MARK WARFEL IS EMPLOYED BY MOHAWK VALLEY HEALTH SYSTEM.
5. CATHLEEN MCCOLGIN IS VICE-PRESIDENT OF THE BOARD OF DIRECTORS OF YWCA MOHAWK VALLEY OF WHICH OLIVIA PAUL IS A BOARD MEMBER.
6. JAWWAAD RASHEED AND OLIVIA PAUL SERVE AS CO-DIRECTORS OF MOHAWK VALLEY JUNIOR FRONTIERS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE DRAFT 990 IS REVIEWED BY THE FOUNDATION’S AUDIT COMMITTEE TO ENSURE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

1322111 11-11-21
COMPLIANCE WITH TAX LAWS. THE AUDIT 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 TRUSTEES, OFFICERS, VOLUNTEER COMMITTEE MEMBERS, KEY PERSONS, AND MEMBERS OF THE FOUNDATION STAFF. 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 MEMBER HOLD A POSITION THAT MAY GIVE RISE TO A POTENTIAL CONFLICT BETWEEN PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION.

THE FOUNDATION'S POLICY REQUIRE 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 IS REQUIRED TO EXERCISE DUE DILIGENCE AND GIVE DUE CONSIDERATION FOR ANY SUCH ALTERNATIVE CONTRACTS OR TRANSACTIONS. THE BOARD SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THOSE CONTRACTS OR TRANSACTIONS CONSISTENT WITH THE BEST INTERESTS OF THE FOUNDATION.

THE BOARD, IN CONSULTATION WITH THE AUDIT COMMITTEE, IS RESPONSIBLE FOR THE 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.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF THE FOUNDATION'S PRESIDENT/CEO INCLUDES A REVIEW AND APPROVAL BY THE BOARD AND 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 ITS WEBSITE. IN ADDITION, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THAT OF 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
</table>
| COMMUNITY FOUNDATION GIFT HOLDING, LLC
2608 GENESEE ST
UTICA, NY 13502 | HOLDING OF GIFTED REAL ESTATE | NEW YORK | | | THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, |
| CF IMPACT CENTER, LLC - 83-0972389
2608 GENESEE ST
UTICA, NY 13502 | CREATING A COMMUNITY IMPACT CENTER | NEW YORK | | | THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, |
| 2608 GENESEE, LLC - 84-2065739
2608 GENESEE ST
UTICA, NY 13502 | HOLDING OF COMPLEX GIFTS | NEW YORK | | | 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>Section 518(b)(13) controlled entity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| COMMUNITY FOUNDATION HOLDING CORPORATION
20-0354573, 2608 GENESEE ST, UTICA, NY
13502 | PROPERTY MANAGEMENT | NEW YORK | 501(C)(3) | B | N/A | X |
### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1066)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>1s</td>
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<td>X</td>
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</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Name of related organization</th>
<th>Transaction type (a-s)</th>
<th>Amount involved</th>
<th>Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>COMMUNITY FOUNDATION HOLDING CORPORATION</td>
<td>A</td>
<td>30,000</td>
<td>AGREEMENT</td>
</tr>
<tr>
<td>2</td>
<td>COMMUNITY FOUNDATION HOLDING CORPORATION</td>
<td>K</td>
<td>30,000</td>
<td>AGREEMENT</td>
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</table>
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) All partnerships sec. 513(b)(1) eligible?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2021
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.

NAME OF DISREGARDED ENTITY:
CF IMPACT CENTER, LLC
DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

NAME OF DISREGARDED ENTITY:
2608 GENESEE, LLC
DIRECT CONTROLLING ENTITY: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Name of exempt organization or other filer, see instructions.
THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Taxpayer identification number (TIN)
15-6016932

Number, street, and room or suite no. If a P.O. box, see instructions.
2608 GENESEE STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
UTICA, NY 13502

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
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</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
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<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
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<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (corporation)</td>
<td>07</td>
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</table>

ERIKA EASTMAN

Telephone No. 315-735-8212  Fax No. 

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
X calendar year 2021 or
☐ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:
☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
3a $ 0.

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.
3b $ 0.

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.
3c $ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)
1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021

Check if Applicable: □ Address Change □ Name Change □ Initial Filing □ Final Filing □ Amended Filing □ Reg ID Pending

Name of Organization: THE COMMUNITY FOUNDATION OF HERKIMER AND GENESEE

Mailing Address: 2608 GENESSEE STREET

City / State / ZIP: UTICA, NY 13502

Website: FOUNDATIONHOC.ORG

Employer Identification Number (EIN): 15-6016932

NY Registration Number: 00-46-10

Telephone: 315 735-8212

Email:

Check your organization's registration category: □ 7A only □ EPTL only □ DUAL (7A & EPTL) □ 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. The certification requires two signatories.

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
9/29/22

Print Name and Title Date

Erika Eastman
Chief Financial Officer
9/29/2022

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 (PPF) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ 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:


Make a single check or money order payable to:
"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.
THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded $25,000 and/or our assets exceeded $25,000 in the filing year. 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 $1,000,000
- Audit Report if you received total revenue and support greater than $1,000,000 and the fiscal year begins on or after July 1, 2021.
  - If the fiscal year begins before that date, an Audit Report is required if total revenue and support is 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
- $1,500, 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
28 Liberty Street
New York, NY 10005

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)).

Need Assistance?
Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov