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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning**and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.

See Specific Instructions

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite

1222 STATE STREET

City or town, state or country, and ZIP + 4

UTICA, NY 13502**F** Name and address of principal officer: **MARGARET O'SHEA****1222 STATE STREET, UTICA, NY 13502****I** Tax-exempt status: ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: **FOUNDATIONHOC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1914** **M** State of legal domicile **NY****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES' PRIMARY PURPOSE IS TO IMPROVE THE						
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)	3	20				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20				
5	Total number of employees (Part V, line 2a)	5	10				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	2,466,650.	Current Year	8,804,396.		
9	Program service revenue (Part VIII, line 2g)						
10	Investment income (Part VIII, column (A), lines 3, 4, and 5)		621,607.		3,024,843.		
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)		3,088,257.		11,829,239.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-5)		1,893,373.		1,630,290.		
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)		545,126.		634,198.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 221,222.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		857,197.		832,454.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,295,696.		3,096,942.		
19	Revenue less expenses. Subtract line 18 from line 12		-207,439.		8,732,297.		
20	Total assets (Part X, line 16)	Beginning of Current Year	65,614,424.	End of Year	83,371,012.		
21	Total liabilities (Part X, line 26)		7,809,375.		4,322,484.		
22	Net assets or fund balances. Subtract line 21 from line 20		57,805,049.		79,048,528.		

Part II Signature Block

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

Sign Here

Signature of officer: **Margaret O'Shea**Date: **17 May 2010**Type or print name and title: **MARGARET O'SHEA, PRESIDENT & CEO**

Paid Preparer's Use Only

Preparer's signature: **Tricia L. Lucas, CPA**Date: **5/14/10**Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: **D'ARCANGELO & CO., LLP
120 LOMOND COURT
UTICA, NY 13502-5950**EIN ▶
Phone no ▶ **(315) 735-5216**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUL 20 2010

G-16 18

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE MISSION OF THE FOUNDATION IS TO IMPROVE THE LIVES OF THE RESIDENTS
OF HERKIMER AND ONEIDA COUNTIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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 ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,957,915. including grants of \$) (Revenue \$)

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES' PRIMARY
PURPOSE IS TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF HERKIMER AND
ONEIDA COUNTIES NOW AND FOR GENERATIONS TO COME BY BUILDING COMMUNITY
ENDOWMENT, ADDRESSING NEEDS THROUGH GRANTMAKING AND PROVIDING
LEADERSHIP ON KEY COMMUNITY ISSUES.

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

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 1,957,915.

**THE COMMUNITY FOUNDATION OF HERKIMER AND
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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

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

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	11	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	10	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
4b	If "Yes," enter the name of the foreign country: CAYMAN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	X	
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
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. Enter:		
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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	20	
b Enter the number of voting members that are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **►NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
GILLES G. LAUZON - 315-735-8212
1222 STATE STREET, UTICA, NY 13502

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

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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN J. LIVINGSTON BOARD CHAIR	1.00	X		X				0.	0.	0.
GEORGE F. ANEY MEMBER-TRUSTEE	1.00	X						0.	0.	0.
LORI KAPLAN FELICE MEMBER-TRUSTEE	1.00	X						0.	0.	0.
RUDY D'AMICO MEMBER-TRUSTEE	1.00	X						0.	0.	0.
LAUREN E. BULL CHAIR-ELECT	1.00	X		X				0.	0.	0.
DOMINICK D. CARBONE MEMBER-TRUSTEE	1.00	X						0.	0.	0.
MARY LYONS BRADLEY MEMBER-TRUSTEE	1.00	X						0.	0.	0.
LINDA COHEN MEMBER-TRUSTEE	1.00	X						0.	0.	0.
KEITH FENSTEMACHER MEMBER-TRUSTEE	1.00	X						0.	0.	0.
HARRISON J HUMMELL III MEMBER-TRUSTEE	1.00	X						0.	0.	0.
GEORGIANA ROBERTS IDE BOARD CHAIR	1.00	X		X				0.	0.	0.
ROBERT F. JULIAN MEMBER-TRUSTEE	1.00	X						0.	0.	0.
DAVID M. JONES MEMBER-TRUSTEE	1.00	X						0.	0.	0.
LINDA MACARTNEY MEMBER-TRUSTEE	1.00	X						0.	0.	0.
SUSAN G. MATT MEMBER-TRUSTEE	1.00	X						0.	0.	0.
DR. THEODORE MAX MEMBER-TRUSTEE	1.00	X						0.	0.	0.
ALBERT MAZLOOM MEMBER-TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH H. HOBIKA SR. MEMBER-TRUSTEE	1.00	X						0.	0.	0.
MARY F. MORSE MEMBER-TRUSTEE	1.00	X						0.	0.	0.
WILLIAM R. STEVENS MEMBER-TRUSTEE	1.00	X						0.	0.	0.
JUDITH V. SWEET SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
RICHARD C. TANTILLO MEMBER-TRUSTEE	1.00	X						0.	0.	0.
RICHARD J. ZICK MEMBER-TRUSTEE	1.00	X						0.	0.	0.
SHEILA SMITH MEMBER-TRUSTEE	1.00	X						0.	0.	0.
GILLES G. LAUZON DIRECTOR OF FINANCE	40.00			X				69,010.	0.	1,078.
MARGARET A. O'SHEA PRESIDENT-CEO	40.00			X				121,000.	0.	19,013.
1b Total								190,010.	0.	20,091.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2009)

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

Form 990 (2009)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8804396.				
	g Noncash contributions included in lines 1a-1f \$		2606765.				
h Total. Add lines 1a-1f				8804396.			
Program Service Revenue	2 a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1782158.	1782158.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1242685.	1242685.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			11,829,239.	3024843.	0.	0.	

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

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,630,290.	1,630,290.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	210,101.	46,671.	116,759.	46,671.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	330,582.	120,474.	116,426.	93,682.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,473.	7,861.	7,055.	6,557.
9 Other employee benefits	31,248.	11,388.	11,005.	8,855.
10 Payroll taxes	40,794.	15,910.	17,133.	7,751.
11 Fees for services (non-employees):				
a Management				
b Legal	19,428.	9,714.	9,714.	
c Accounting	15,850.	7,900.	7,950.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	484,013.		484,013.	
g Other				
12 Advertising and promotion	799.		799.	
13 Office expenses	13,961.	3,491.	6,980.	3,490.
14 Information technology	81,135.	20,284.	40,567.	20,284.
15 Royalties				
16 Occupancy	45,489.		45,489.	
17 Travel	5,240.		5,240.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,643.		4,643.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,072.		14,072.	
23 Insurance	3,726.		3,726.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DEVELOPMENT AND MARKETI</u>	61,132.	30,566.		30,566.
b <u>BAD DEBT EXPENSE</u>	50,000.	50,000.		
c <u>ANNUAL REPORT AND NEWSL</u>	38,035.		38,035.	
d <u>DUES AND SUBSCRIPTIONS</u>	14,623.		14,623.	
e <u>POSTAGE</u>	6,445.	1,611.	3,223.	1,611.
f All other expenses _____	-26,137.	1,755.	-29,647.	1,755.
25 Total functional expenses. Add lines 1 through 24f	3,096,942.	1,957,915.	917,805.	221,222.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	257,129.	2	1,007,364.
	3 Pledges and grants receivable, net	218,500.	3	444,237.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	136,222.		
	b Less: accumulated depreciation	98,720.	48,048.	37,502.
	11 Investments - publicly traded securities	59,586,661.	11	70,845,794.
	12 Investments - other securities. See Part IV, line 11	5,212,374.	12	10,825,478.
	13 Investments - program-related. See Part IV, line 11	134,860.	13	61,440.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	156,852.	15	149,197.
16 Total assets. Add lines 1 through 15 (must equal line 34)	65,614,424.	16	83,371,012.	
Liabilities	17 Accounts payable and accrued expenses	122,230.	17	82,052.
	18 Grants payable	1,172,191.	18	1,194,783.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,514,954.	25	3,045,649.
	26 Total liabilities. Add lines 17 through 25	7,809,375.	26	4,322,484.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,052,805.	27	24,720,162.
	28 Temporarily restricted net assets	24,242,574.	28	32,075,193.
	29 Permanently restricted net assets	14,509,670.	29	22,253,173.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	57,805,049.	33	79,048,528.
	34 Total liabilities and net assets/fund balances	65,614,424.	34	83,371,012.

Form **990** (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
15-6016932

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☒ A community trust described in **section 170(b)(1)(A)(vii).** (Complete Part II.)

9 ☐ 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.)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

THE COMMUNITY FOUNDATION OF HERKIMER AND

Schedule A (Form 990 or 990-EZ) 2009 ONEIDA COUNTIES, INC.

15-6016932 Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,813,099.	1,426,491.	2,049,366.	1,200,753.	1,455,373.	7,945,082.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,813,099.	1,426,491.	2,049,366.	1,200,753.	1,455,373.	7,945,082.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						938,036.
6 Public support. Subtract line 5 from line 4						7,007,046.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,813,099.	1,426,491.	2,049,366.	1,200,753.	1,455,373.	7,945,082.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,675,443.	1,629,548.	1,910,273.	2,009,670.	1,882,623.	9,107,557.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						17,052,639.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	41.09	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	56.34	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐			
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV 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 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
15-6016932

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	83	7
2 Aggregate contributions to (during year)	6,330,883.	49,240.
3 Aggregate grants from (during year)	349,864.	5,827.
4 Aggregate value at end of year	14,345,900.	366,398.
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?	☒ 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?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 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.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 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, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:
- a Revenues included in 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 (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	56,923,548.	77,744,905.			
b Contributions	8804396.	2466649.			
c Net investment earnings, gains, and losses	15,039,059.	-20,351,245.			
d Grants or scholarships	1630290.	1893373.			
e Other expenditures for facilities and programs	150,000.	17,364.			
f Administrative expenses	851,599.	1026024.			
g End of year balance	78,135,114.	56,923,548.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 30.00 %
- b Permanent endowment ▶ 21.00 %
- c Term endowment ▶ 49.00 %

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

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

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,412.	3,190.	4,222.
d Equipment		128,810.	95,530.	33,280.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,502.

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

Schedule D (Form 990) 2009

15-6016932 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,829,239.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,096,942.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	8,732,297.
4	Net unrealized gains (losses) on investments	4	12,511,183.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	12,511,183.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	21,243,480.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	23,856,407.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	12,511,183.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	12,511,183.
3	Subtract line 2e from line 1	3	11,345,224.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	484,015.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	484,015.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,829,239.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,612,928.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,612,928.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	484,015.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	484,015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,096,943.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM HOUSE	16-1551609	501(C)3	9,900.	0.			RENOVATION OF MEDICAL OFFICE TO GENERATE RENTAL INCOME FOR ABRAHAM HOUSE
ARTS GUILD OF OLD FORGE, INC.	16-1001728	501(C)3	12,000.	0.			FOR THE GARDEN CLUB OF OLD FORGE
BOYS & GIRLS CLUBS OF THE MOHAWK VALLEY	15-0532057	501(C)3	5,143.	0.			SUMMER TEEN PROGRAM
CAP-21	16-1611972	501(C)3	7,000.	0.			FOR SENIOR SERVICES
CATHOLIC CHARITIES OF ONEIDA & MADISON COUNTIES	16-1189791	501(C)3	17,025.	0.			FOR MVCAA YOUTH TO ATTEND SUMMER CAMP
CENTRAL ASSOCIATION FOR THE BLIND AND VISUALLY		501(C)3	50,000.	0.			EMPLOYMENT EXPANSION AND TRAINING PROGRAM

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

15-6016932

Schedule I (Form 990) 2009

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A	0	0.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FOR THE GOOD, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION OF RAISED BEDS FOR NOYES STREET COMMUNITY GARDEN AND SHEDS FOR LINWOOD PLACE AND JAY STREET GARDENS

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
**Open to Public
Inspection**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM	16-0918936	501(C)3	24,800.	0.			NEW INTERACTIVE SCIENCE, HISTORY, & TECHNOLOGY EXHIBITS
CITIZENS UNITED FOR RESEARCH IN EPILEPSY	34-4253176	501(C)3	6,250.	0.			FOR EPILEPSY RESEARCH IN MEMORY OF CHRISTOPHER HARDING DONALTY
CITY OF UTICA		501(C)3	25,000.	0.			REPLACEMENT OF PARKWAY RECREATION CENTER'S GYM FLOOR
CORNELL COOPERATIVE EXTENSION - HERKIMER COUNTY		501(C)3	5,095.	0.			TELEPHONE SYSTEM UPGRADE
DIABETES RESEARCH INSTITUTE FOUNDATION, INC.	59-1361955	501(C)3	5,000.	0.			FOR GENERAL SUPPORT IN HONOR OF LOUIS BRINDISI, JR.
FOR THE GOOD, INC.	16-1519985	501(C)3	22,000.	0.			CONSTRUCTION OF RAISED BEDS FOR NOYES STREET COMMUNITY GARDEN AND SHEDS FOR LINWOOD PLACE
HERKIMER COUNTY COMMUNITY COLLEGE FOUNDATION - HERKIMER, NY	16-6076227	501(C)3	7,600.	0.			SCHOLARSHIP AWARDS
HERKIMER COUNTY HUMANE SOCIETY	16-1145993	501(C)3	19,112.	0.			ANIMAL CARE ENHANCEMENT PROJECT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCTOD OUTREACH INC.	16-1498400	501(C)3	40,000.	0.			PLANNING AND DESIGNING OF NEW "GREEN" BUILDINGS
THE KELBERMAN CENTER	55-0901293	501(C)3	37,500.	0.			RESEARCH FELLOW BALER
LITTLE FALLS FAMILY YMCA	15-0532273	501(C)3	6,000.	0.			ENERGY CONSERVATION PROJECT
MADISON-ONEIDA BOCES		501(C)3	12,270.	0.			PURCHASE OF AUGMENTATIVE COMMUNICATION DEVICES
MID-YORK LIBRARY SYSTEM		501(C)3	8,375.	0.			IT AUDIT, REVIEW OF PROCEDURES AND DOCUMENT A DISASTER RECOVERY PLAN
MILLERS MILLS GRANGE #581		501(C)3	15,000.	0.			RENOVATION PROJECT
MOHAWK GIRLS' YOUTH SOFTBALL	20-2643134	501(C)3	20,000.	0.			CONSTRUCTION OF A SOFTBALL FIELD
MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION - UTICA, NY	16-6071031	501(C)3	12,725.	0.			SCHOLARSHIP AWARDS

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
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Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.** Employer identification number **15-6016932**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAZARETH COLLEGE		501(C)3	5,000.	0.			SCHOLARSHIP AWARDS
NEW HARTFORD PRESBYTERIAN CHURCH		501(C)3	5,000.	0.			FOR 2010 FISCAL YEAR EXPENSES AND BENEVOLENCE
NORTHERN ADIRONDACH PLANNED PARENTHOOD, INC.		501(C)3	5,000.	0.			DESIGNATED GRANT
PLANNED PARENTHOOD OF MOHAWK HUDSON, INC.	14-6004167	501(C)3	5,000.	0.			DESIGNATED GRANT PROPERTY PURCHASE
ROOT FARM FOUNDATION	16-1588243	501(C)3	15,000.	0.			FOR CONCRETE BUILDING RENOVATIONS - REPLACEMENT OF GYM/COMMUNITY ROOM FLOORING
SALVATION ARMY OF HERKIMER		501(C)3	6,398.	0.			PERMANENT HOUSING FOR GUEST ARTISTS IN RESIDENCE
SCULPTURE SPACE	22-2197162	501(C)3	40,200.	0.			
ST. MARY'S SCHOOL		501(C)3	5,155.	0.			FOR PROGRAM SUPPORT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Employer identification number

15-6016932

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENS-SWAN HUMANE SOCIETY		501(C)3	22,000.	0.			FOR TELETHON AND FOOD PROGRAM
THEA BOWMAN HOUSE, INC.	16-1488620	501(C)3	11,478.	0.			PURCHASE INDUSTRIAL DISHWASHERS & UTENSILS FOR THEIR TWO SITES
TOWN OF WEBB HISTORICAL ASSOCIATION	22-2210521	501(C)3	5,000.	0.			FOR GENERAL SUPPORT
TUG HILL TOMORROW, INC.	22-3115498	501(C)3	5,500.	0.			FOR THE STEWARDSHIP FUND
UNITED WAY OF THE VALLEY AND GREATER UTICA AREA, INC.	15-0532074	501(C)3	54,000.	0.			ANNUAL SUPPORT
UTICA CENTERL FOR DEVELOPMENT, INC. - UTICA, NY	26-2017327	501(C)3	23,240.	0.			FOR THE VETERAN'S CENTER OF CENTRAL NEW YORK
UTICA CITY SCHOOL DISTRICT		501(C)3	45,724.	0.			WATSON WILLIAMS PLAYGROUND PROJECT
UTICA COLLEGE	16-1476258	501(C)3	30,000.	0.			UC INSURANCE MANAGEMENT CONCENTRATION PROGRAM

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047
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**Open to Public
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Name of the organization **THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.** Employer identification number **15-6016932**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTICA COLLEGE	16-1476258	501(C)3	14,630.	0.			YOUNG SCHOLARS SUMMER HEALTH INTERNSHIP PROGRAM
UTICA COLLEGE	16-1476258	501(C)3	16,400.	0.			SCHOLARSHIP AWARDS
UTICA COLLEGE	16-1476258	501(C)3	11,000.	0.			ANNUAL FUND - GENERAL SUPPORT
UTICA PUBLIC LIBRARY	15-0618132	501(C)3	11,068.	0.			SUMMER READING PROGRAM
USC FOUNDATION	16-1517106	501(C)3	10,000.	0.			RISK MANAGEMENT PROGRAM DEVELOPMENT
VALLEY HEALTH SERVICES, INC.	22-2511514	501(C)3	100,000.	0.			RENOVATIONS TO CREATE ADULT DAY HEALTH CARE PROGRAM AT LITTLE FALLS HOSPITAL RENOVATIONS
YOUTH EMPOWERMENT PROJECT, INC.	32-0040736	501(C)3	10,000.	0.			EMERGENCY SUSTAINABILITY GRANT
YWCA OF THE MOHAWK VALLEY	15-0532279	501(C)3	5,000.	0.			FOR THE SALUTE TO OUTSTANDING WOMEN EVENT RECORDING PROJECT

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

Schedule I-1 (Form 990) 2009

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.

Employer identification number
15-6016932

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
15-6016932

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
----------------	---

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

[illegible]

THE COMMUNITY FOUNDATION OF HERKIMER AND
ONEIDA COUNTIES, INC.

Schedule J (Form 990) 2009

15-6016932

Page 3-

Part III Supplemental Information

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

PART I, LINE 1A: NONE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
15-6016932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	149	2,606,765.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES, INC.	Employer identification number 15-6016932
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

QUALITY OF LIFE FOR RESIDENTS OF HERKIMER AND ONEIDA COUNTIES NOW AND FOR GENERATIONS TO COME BY BUILDING COMMUNITY ENDOWMENT, ADDRESSING THE NEEDS THROUGH GRANTMAKING AND PROVIDING LEADERSHIP ON KEY COMMUNITY ISSUES.

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.) RICHARD ZICK IS THE PRESIDENT AND CEO OF A COMPANY IN WHICH DOMINICK D. CARBONE AND L. MICHAEL FITZGERALD ARE DIRECTORS.

2.) DAVID MANZELMANN IS THE PRESIDENT OF A COMPANY IN WHICH RICHARD ZICK IS A DIRECTOR.

THE TWO PERSONS OR MORE ARE EACH A DIRECTOR, TRUSTEE, OFFICER, OR GREATER THAN 10% OWNER IN THE SAME BUSINESS OR INVESTMENT ENTITY.

1.) GEORGE F. ANEY, DOMINICK D. CARBONE, AND JUDITH B. GORMAN ARE DIRECTORS OF A BANK.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 IS REVIEWED AND APPROVED BY THE FOUNDATION'S AUDIT AND COMPLIANCE COMMITTEE TO ENSURE COMPLIANCE WITH TAX LAWS. THE FINAL VERSION OF THE FORM 990 IS E-MAILED TO EACH BOARD MEMBER. ACCESS TO THE FINAL VERSION OF THE FORM 990 IS ALSO MADE AVAILABLE ON THE FOUNDATION'S SECURE WEBSITE. IN ORDER TO ASSIST BOARD MEMBERS WITH THEIR REVIEW OF THE FORM 990, A GUIDANCE TABLE IS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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THE COMMUNITY FOUNDATION OF HERKIMER AND
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Employer identification number
15-6016932

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, VOLUNTEER
COMMITTEE MEMBERS 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 MEMBERS HOLD A POSITION THAT MAY GIVE
RISE TO A POTENTIAL CONFLICT BETWEEN PERSONAL INTERESTS AND THE INTERESTS
OT THE FOUNDATION.

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

THE FOUNDATION'S POLICY STATES THAT FOLLOWING THE RECEIPT OF INFORMATION
CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENTIAL CONFLICT OF
INTEREST, THE BOARD SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE
PROPOSED CONTRACT OR TRANSACTION INCLUDING THE PROCESS BY WHICH THE
DECISION WAS MADE TO RECOMMEND ENTERING INTO THE ARRANGEMENT ON THE TERMS
PROPOSED. THE BOARD SHALL APPROVE ONLY THOSE CONTRACTS OR TRANSACTIONS IN
WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION AND THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Employer identification number
15-6016932

ARRANGEMENTS ARE CONSISTENT WITH RECOMMENDING TO THE BOARD A CONFLICT OF
INTEREST POLICY, RECOMMENDING THE FORMAT OF THE ANNUAL DISCLOSURE FORM,
RECOMMENDING CHANGES AS NEEDED, AND ENSURING THE ORGANIZATION'S COMPLIANCE
WITH ITS POLICY ON AT LEAST AN ANNUAL BASIS.

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

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE FOUNDATION'S
OFFICERS INCLUDE A REVIEW AND APPROVAL BY THE BOARD WHICH IS BASED ON PRIOR
YEAR'S SALARY AS WELL AS COMPARABILITY DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE. IN ADDITION,
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON
REQUEST.

FORM 990 PART XI LINE 2C

THE PROCESS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR.

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

[illegible]

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

[illegible]

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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.

(1)	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS LEASHOLD IMPROVEMENTS											
	* 990 PAGE 10 TOTAL											
	BUILDINGS					7,412.		0.	7,412.	2,467.	0.	723.
	MACHINERY & EQUIPMENT					7,412.						
	FURNITURE AND EQUIPMENT					128,810.			128,810.	82,181.		13,349.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					128,810.		0.	128,810.	82,181.	0.	13,349.
	* GRAND TOTAL 990					136,222.		0.	136,222.	84,648.	0.	14,072.
	PAGE 10 DEPR											