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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)

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

OMB No. 1545-0047

2011Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning****and ending****B** Check if applicable

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

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

Doing Business As

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

1222 STATE STREET

Room/suite

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****D** Employer identification number**15-6016932****E** Telephone number**315-735-8212****G** Gross receipts \$**4,218,279.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **FOUNDATIONHOC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1952** **M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. 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 individuals employed in calendar year 2011 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,271,294.	Current Year 1,517,225.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,030,621.	2,701,054.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,424.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,407,339.	4,218,279.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,999,818.	3,282,421.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	680,581.	667,782.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 237,561.		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	985,694.	1,060,544.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	4,666,093.	5,010,747.
	19	Revenue less expenses - Subtract line 18 from line 12	2,741,246.	-792,468.
	20	Total assets (Part X, line 16)	Beginning of Current Year 93,375,583.	End of Year 90,978,217.
	21	Total liabilities (Part X, line 26)	5,285,631.	5,702,209.
	22	Net assets or fund balances - Subtract line 21 from line 20	88,089,952.	85,276,008.

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 <i>Margaret O'Shea</i>		Date	
	MARGARET O'SHEA, PRESIDENT & CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Roy Clark</i>	Date <i>5/14/12</i>	Check if self-employed ☐
	Firm's name ▶ D'ARCANGELO & CO., LLP	Firm's EIN ▶ 13-2550103		PTIN P00737936
	Firm's address ▶ 120 LOMOND COURT UTICA, NY 13502-5950	Phone no. (315) 735-5216		

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

☒ Yes ☐ No

132001 01-23-12

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

Form **990** (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED JUN 27 2012

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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 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 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 \$ 3,613,516. 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 **▶ 3,613,516.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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 (or a family member thereof) 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

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

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

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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

Check if Schedule O contains a response to any question in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20													
b Enter the number of voting members included in line 1a, above, who 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?			2	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?			3											X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4											X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5											X
6 Did the organization have members or stockholders?			6											X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a											X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b											X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?			8a	X										
b Each committee with authority to act on behalf of the governing body?			8b	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			9											X

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

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

Section C. Disclosure

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

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

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

20 State the name, 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

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

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

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGIANA ROBERTS IDE MEMBER-TRUSTEE	2.00	X						0.	0.	0.
(2) EVE VAN DE WAL MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(3) LORI KAPLAN FELICE MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(4) RUDY D'AMICO MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(5) LAUREN E. BULL BOARD CHAIR	2.00	X		X				0.	0.	0.
(6) DOMINICK D. CARBONE MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(7) MARY LYONS BRADLEY MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(8) LINDA COHEN MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(9) KEITH FENSTEMACHER CHAIR ELECT	1.80	X		X				0.	0.	0.
(10) HARRISON J HUMMELL III MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(11) RICHARD F. CALLAHAN MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(12) DAVID M. JONES MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(13) LINDA MACARTNEY MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(14) SUSAN G. MATT MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(15) ALBERT MAZLOOM MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(16) JOSEPH H. HOBIKA SR. MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(17) MARY F. MORSE MEMBER-TRUSTEE	1.50	X						0.	0.	0.

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

Form 990 (2011)

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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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUDITH V. SWEET SECRETARY/TREASURER	1.80	X		X				0.	0.	0.
(19) RICHARD C. TANTILLO MEMBER-TRUSTEE	1.00	X						0.	0.	0.
(20) RICHARD J. ZICK MEMBER-TRUSTEE	1.50	X						0.	0.	0.
(21) GILLES G. LAUZON DIRECTOR OF FINANCE	40.00			X				75,193.	0.	5,264.
(22) MARGARET A. O'SHEA PRESIDENT-CEO	40.00			X				105,717.	0.	12,481.
1b Sub-total								180,910.	0.	17,745.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								180,910.	0.	17,745.

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 **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 or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

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

Form 990 (2011)

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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	1517225.			
	g	Noncash contributions included in lines 1a-1f \$		346,594.			
	h	Total. Add lines 1a-1f		1517225.			
Program Service Revenue			Business Code				
	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)		2008312.	2008312.		
	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	692742.			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		692742.			
	d	Net gain or (loss)		692,742.	692,742.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			4218279.	2701054.	0.	0.

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

Form 990 (2011)

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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)

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	3,282,421.	3,282,421.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	198,655.	43,704.	111,247.	43,704.
7 Other salaries and wages	366,950.	132,102.	128,433.	106,415.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	23,672.	8,522.	8,285.	6,865.
9 Other employee benefits	34,303.	12,349.	12,006.	9,948.
10 Payroll taxes	44,202.	15,913.	15,471.	12,818.
11 Fees for services (non-employees):				
a Management	44,220.	22,110.	22,110.	
b Legal	1,812.	906.	906.	
c Accounting	16,500.	8,250.	8,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	665,984.		665,984.	
g Other	22,617.	7,539.	7,539.	7,539.
12 Advertising and promotion	8,453.		8,453.	
13 Office expenses	12,913.	3,228.	6,457.	3,228.
14 Information technology	28,248.	7,062.	14,124.	7,062.
15 Royalties				
16 Occupancy	39,656.		39,656.	
17 Travel	5,000.		5,000.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,709.	6,677.	13,355.	6,677.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,745.		8,745.	
23 Insurance	10,066.		10,066.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PROGRAM INITIATIVES</u>	99,127.	29,429.	69,698.	
b <u>DEVELOPMENT AND MARKETI</u>	66,609.	33,304.		33,305.
c <u>ANNUAL REPORT AND NEWSL</u>	42,780.		42,780.	
d <u>DUES AND SUBSCRIPTIONS</u>	18,302.		18,302.	
e All other expenses	-57,197.		-57,197.	
25 Total functional expenses Add lines 1 through 24e	5,010,747.	3,613,516.	1,159,670.	237,561.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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	988,392.	2	619,847.
	3 Pledges and grants receivable, net	46,640.	3	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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	10a 145,993.		
	b Less: accumulated depreciation	10b 104,296.	10c 28,872.	41,697.
	11 Investments - publicly traded securities	86,841,619.	11	81,087,973.
	12 Investments - other securities. See Part IV, line 11	5,152,184.	12	8,916,231.
	13 Investments - program-related. See Part IV, line 11	31,308.	13	20,575.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	286,568.	15	291,894.
16 Total assets. Add lines 1 through 15 (must equal line 34)	93,375,583.	16	90,978,217.	
Liabilities	17 Accounts payable and accrued expenses	105,511.	17	73,653.
	18 Grants payable	1,195,074.	18	1,408,228.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,985,046.	25	4,220,328.
	26 Total liabilities. Add lines 17 through 25	5,285,631.	26	5,702,209.
	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		28,765,494.	27	27,599,036.
28 Temporarily restricted net assets		36,669,163.	28	34,693,805.
29 Permanently restricted net assets		22,655,295.	29	22,983,167.
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	88,089,952.	33	85,276,008.	
34 Total liabilities and net assets/fund balances	93,375,583.	34	90,978,217.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,218,279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,010,747.
3	Revenue less expenses Subtract line 2 from line 1	3	-792,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,089,952.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,021,476.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	85,276,008.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 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 separate basis, consolidated 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 (2011)

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number
15-6016932

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)(vi).** (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]

Schedule A (Form 990 or 990-EZ) 2011

THE COMMUNITY FOUNDATION OF HERKIMER AND

Schedule A (Form 990 or 990-EZ) 2011

ONEIDA COUNTIES, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,049,366.	1,200,753.	1,455,373.	1,178,371.	1,702,298.	7,586,161.
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	2,049,366.	1,200,753.	1,455,373.	1,178,371.	1,702,298.	7,586,161.
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)						507,289.
6 Public support. Subtract line 5 from line 4						7,078,872.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,049,366.	1,200,753.	1,455,373.	1,178,371.	1,702,298.	7,586,161.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,910,273.	2,009,670.	1,882,623.	1,828,051.	2,002,250.	9,632,867.
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						17,219,028.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	41.11	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	40.30	%

16a **33 1/3% support test - 2011.** 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 - 2010.** 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 - 2011.** 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 - 2010.** 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) 2011

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. 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 - 2010. 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011Open to Public
InspectionName 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	79	7
2 Aggregate contributions to (during year)	440,191.	10,750.
3 Aggregate grants from (during year)	922,455.	12,950.
4 Aggregate value at end of year	15,194,578.	407,505.

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 education)	☐ 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, and not on a historic structure listed in the National Register	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 (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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (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) 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 (ASC 958) 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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 the 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	86,567,826.	78,135,114.	56,923,548.	77,744,905.	
b Contributions	1,343,081.	1,253,438.	8,804,396.	2,466,649.	
c Net investment earnings, gains, and losses	-22,020.	11,721,833.	15,039,059.	-20,351,245.	
d Grants or scholarships	3,280,148.	2,974,518.	1,630,290.	1,893,373.	
e Other expenditures for facilities and programs	1,567.	158,566.	150,000.	17,364.	
f Administrative expenses	1,227,460.	1,409,475.	851,599.	1,026,024.	
g End of year balance	83,379,712.	86,567,826.	78,135,114.	56,923,548.	

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

a Board designated or quasi-endowment ▶ 30.83 %

b Permanent endowment ▶ 27.56 %

c Temporarily restricted endowment ▶ 41.61 %

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

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

(i) unrelated organizations

(ii) related organizations

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

b If "Yes" 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		7,412.	4,457.	2,955.
d Equipment		138,581.	99,839.	38,742.
e Other				

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

41,697.

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTED CASH	460,949.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	8,335,546.	END-OF-YEAR MARKET VALUE
(C) LIFE INSURANCE	119,736.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	8,916,231.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	7,552.
(3) AGENCY LIABILITES	4,212,776.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	4,220,328.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under
FIN 48 (ASC 740)

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	4,218,279.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,010,747.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-792,468.
4	Net unrealized gains (losses) on investments	4	-2,021,477.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1.
9	Total adjustments (net) Add lines 4 through 8	9	-2,021,476.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-2,813,944.

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	1,530,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,021,477.
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	-2,021,477.
3	Subtract line 2e from line 1	3	3,552,295.
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	665,984.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	665,984.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,218,279.

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

1	Total expenses and losses per audited financial statements	1	4,344,763.
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	4,344,763.
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	665,984.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	665,984.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,010,747.

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.

PART X, LINE 2: THE FOUNDATION'S FEDERAL AND STATE INFORMATIONAL

RETURNS FOR THE TAX YEARS 2008 THROUGH 2010 REMAIN SUBJECT TO EXAMINATION
BY THE RESPECTIVE TAXING AUTHORITY.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING ADJUSTMENT 1.

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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM HOUSE	16-1551609	501(C)3	9,060.	0.			REPAIRS AND RENOVATIONS TO RENTRAL UNIT
ADIRONDACK CENTER FOR WRITING, INC.	01-0562418	501(C)3	6,712.	0.			HIGH SCHOOL WRITING RETREAT TO BE HELD IN OLD FORGE
ALBANY LAW SCHOOL	14-1338309	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FOR THE ANNUAL FUND
BOY SCOUTS OF AMERICA - REVOLUTIONARY TRAILS COUNCIL	54-2071388	501(C)3	5,000.	0.			DONOR-ADVISED GRANT FOR THE SCOUT REACH PROGRAM
BOYS & GIRLS CLUBS OF THE MOHAWK VALLEY	15-0532057	501(C)3	65,000.	0.			AFTER SCHOOL PROGRAM AT BELLAMY & COLUMBUS SCHOOLS
CAP-21	16-1611972	501(C)3	8,250.	0.			CAPACITY BUILDING GRANT FOR NEW TECHNOLOGY AND CONSULTANTS FEE

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

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

Schedule I (Form 990) **15-6016932** Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITOL THEATRE	22-2600068	501(C)3	13,357.	0.			CAPACITY BUILDINGS GRANT TO CREATE A BUSINESS PLAN
CATHOLIC CHARITIES OF HERKIMER COUNTY	16-1189791	501(C)3	5,000.	0.			BASIC NEEDS GRANT FOR EMERGENCY ASSISTANCE (FROM 2010 FUNDS)
CENTER FOR FAMILY LIFE AND RECOVERY, INC.	24-4295905	501(C)3	88,584.	0.			PHYSICAL NEEDS RELATED TO MERGER (TECHNOLOGY, MARKETING, ETC.)
CENTRAL NEW YORK COMMUNITY ARTS COUNCIL, INC.	16-6068418	501(C)3	109,812.	0.			SUSTAINABILITY PROJECT & FOR GENERAL SUPPORT
CHARLES T. SITRIN HEALTH CARE CENTER, INC.	22-3100745	501(C)3	36,000.	0.			ONE-YEAR APPOINTMENT FOR STAFF PERSON TO ASSIST IN OUTREACH TO MILITARY PROGRAMS AND PERSONNEL
CLINTON ABC PROGRAM, INC.	23-7296910	501(C)3	5,140.	0.			DESIGNATED GRANT FROM THE ST. MARY'S ENDOWMENT FUND
CLINTON CHILD CARE CENTER	16-1019364	501(C)3	5,889.	0.			PLAYGROUND RENOVATIONS
COMPASSION COALITION	16-1579336	501(C)3	36,791.	0.			VAN PURCHASE
COMPEER OF THE MOHAWK VALLEY, INC.	16-1536902	501(C)3	16,276.	0.			SECOND YEAR FUNDING FOR VETERANS PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE COMMUNITY CHURCH	13-4350899	501(C)3	9,683.	0.			EXPANSION OF COMMUNITY GARDEN
DESALES CENTER, INC.	13-4350899	501(C)3	85,619.	0.			CONTINUATION OF ELECTRICAL UPGRADE WORK & AUDITORIUM RENOVATIONS
ERWIN LIBRARY AND INSTITUTE	15-0567352	501(C)3	6,445.	0.			FLOORING REPLACEMENT
FAMILY NURTURING CENTER	16-1386755	501(C)3	5,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
GLIMMERGLASS OPERA, INC.	16-1053970	501(C)3	31,755.	0.			INCREASING ATTENDANCE OF RESIDENT FROM HERKIMER AND ONEIDA COUNTIES
HAMILTON COLLEGE	15-0532200	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FOR GENERAL SUPPORT
HEALTH FRIENDS	20-8074952	501(C)3	5,750.	0.			FIELD OF INTEREST GRANT FROM THE UTICA DISPENSARY FUND FOR MEDICAL CARE FOR THE INDIGENT IN THE CITY
HERKIMER COUNTY HABITAT FOR HUMANITY	16-1551180	501(C)3	19,637.	0.			EQUIPMENT FOR USE AT VARIOUS CONSTRUCTION PROJECTS
HERKIMER COUNTY HUMANE SOCIETY	16-1145993	501(C)3	7,346.	0.			DESIGNATED GRANT FROM THE MELVIN L KOWALSKY DESIGNATED FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERKIMER COUNTY HEALTH NET	16-1573995	501(C)3	10,000.	0.			CAPACITY BUILDING GRANT FOR TECHNOLOGY
HOPE HOUSE	22-3242715	501(C)3	5,000.	0.			IN RECOGNITION OF THEIR BEING NAMED THE COMMUNITY IMPACT AWARD RECIPIENT FOR 2011
HOSPICE AND PALLIATIVE CARE, INC.	22-2238073	501(C)3	5,750.	0.			FIELD OF INTEREST GRANT FROM THE UTICA DISPENSARY FUND FOR MEDICAL CARE FOR THE INDIGENT IN THE CITY
JCTOD OUTREACH, INC.	16-1498400	501(C)3	15,000.	0.			BASIC NEEDS GRANT TO PURCHASE FOOD FOR FOOD PANTRY (FROM 2010 FUNDS)
JEWISH COMMUNITY FEDERATION OF THE MOHAWK VALLEY	15-0533576	501(C)3	7,346.	0.			DESIGNATED GRANT FROM THE MELVIN L. KOWALSKI DESIGNATED FUND (2/3 THE GENERAL FUND AND 1/3 FOR
JOHN BOSCO HOUSE, INC.	26-4326200	501(C)3	40,000.	0.			SECOND YEAR START UP FUNDING
THE MOHAWK HOMESTEAD	15-0532222	501(C)3	8,412.	0.			BUILDING RENOVATIONS TO INCREASE THE COMFORT FOR RESIDENTS
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES	16-1158764	501(C)3	16,630.	0.			DONOR-ADVISED GRANT FOR REFUGEE HANDBOOKS
MOHAWK VALLEY COMMUNITY ACTION AGENCY	16-0918009	501(C)3	27,000.	0.			FOR MVCAA YOUTH TO ATTEND SUMMER PROGRAMS HIRING INTERN TO ARCHIVE AND PRESERVE DONATED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION	16-6071031	501(C)3	35,000.	0.			DONOR-ADVISED GRANT FOR SUPPORT OF THE CAPITAL CAMPAIGN AND NEW CAREER SCHOLARSHIP PROGRAM & THE
ECONOMIC DEVELOPMENT GROWTH ENTERPRISES CORPORATION	16-0874637	501(C)3	37,500.	0.			CENTERSTATE METRO BUSINESS AND METRO EXPORT PLANS
MUNSON-WILLIAMS-PROCTOR ARTS INSTITUTE - UTICA, NY	15-0532214	501(C)3	80,000.	0.			DONOR ADVISED GRANT FOR THE WEDDED PERFECTION & 75TH ANNIVERSARY PARTNERSHIP
NEW YORK MILLS HISTORICAL SOCIETY	16-1165597	501(C)3	9,783.	0.			FUNDING FOR NEW ELECTRICAL SERVICE AND SECURITY SYSTEM
OLD FORGE LIBRARY	15-0582657	501(C)3	7,325.	0.			PURCHASES OF NEW COMPUTERS AND PRINTER
ONEIDA COUNTY HISTORICAL SOCIETY	15-0564081	501(C)3	7,346.	0.			DESIGNATED GRANT FROM THE MELVIN L. KOWALSKY DESIGNATED FUND
PARKWAY SENIOR CENTER	16-1557404	501(C)3	9,989.	0.			MATCHING FUNDS FOR VAN FOR SENIOR TRANSPORTATION
PLANNED PARENTHOOD MOHAWK HUDSON, INC.	14-6004167	501(C)3	5,000.	0.			DESIGNATED GRANT FROM THE FAMILY PLANNING & EDUCATION FUND
PRESBYTERIAN HOMES FOUNDATION	13-3348349	501(C)3	100,000.	0.			DONOR-ADVISED GRANT FROM THE MELE FAMILY FUND FOR PHASE 1 OF THE PARKINSON'S UNIT

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ONEIDA COUNTIES, INC.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION OF UTICA, INC.	15-0569359	501(C)3	15,000.	0.			DONOR-ADVISED GRANT FOR THE MORRIS LEARNING CENTER
RICHFIELD SPRINGS YOUTH MINISTRY CORPORATION, INC.	16-1581787	501(C)3	6,608.	0.			FINAL PHASE OF PARKING, LANDSCAPING AND STORAGE UNIT
ROME ART & COMMUNITY CENTER	16-0927908		14,000.	0.			DONOR ADVISED GRANT FOR THE ENDOWMENT FUND & LEGACY NAMING AND THE DINOSAUR EXHIBIT
ROOT FARM FOUNDATION	16-1588243	501(C)3	30,329.	0.			DONOR ADVISED GRANT FOR THE PROMOTION OF FUNDRAISING EVENTS & CLOSING AGENCY FUND
RUSSIA CIVIS ASSOCIATION	16-1383783	501(C)3	10,000.	0.			INSTALLATION OF A NEW STEEL ROOF ON THE MEETING HOUSE
SAMARITAN COUNSELING CENTER OF THE MOHAWK VALLEY	16-1118832	501(C)3	188,000.	0.			PURCHASE & RENOVATION COSTS FOR NEW BUILDING
ST. ELIZABETH MEDICAL CENTER FOUNDATION	22-2562170	501(C)3	100,000.	0.			DONOR ADVISED GRANT TO PURCHASE DIGITAL MAMMOGRAPHY EQUIPMENT FOR THE HOBART STREET
STEVENS-SWAN HUMANE SOCIETY	15-0551485	501(C)3	7,346.	0.			DESIGNATED GRANT FORM THE MELVIN L. KOWALSKY DESIGNATED FUND
INSTITUTE OF TECHNOLOGY FOUNDATION AT UTICA/ROME, INC.	23-7412413	501(C)3	5,000.	0.			DONOR-ADVISED GRANT FOR FUNDRAISING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THEA BOWMAN HOUSE, INC.	16-1488620	501(C)3	5,000.	0.			BASIC NEEDS GRANT TO PURCHASE FOOD FOR PANTY (FROM 2010 FUNDS)
TOWN OF WEBB HISTORICAL ASSOCIATION	22-2210521	501(C)3	5,847.	0.			GOODSELL MUSEUM CAPITAL IMPROVEMENT PROJECT
TUG HILL TOMORROW, INC.	22-3115498	501(C)3	6,000.	0.			DONOR ADVISED GRANT FOR THE STEWARDSHIP FUND
UNITED WAY OF THE VALLEY AND GREATER UTICA AREA	15-0532074	501(C)3	61,000.	0.			DONOR-ADVISED GRANTS FOR THE ANNUAL CAMPAIGN; THE WOMEN'S FUND; STEVEN SWAN HUMAN SOCIETY
UPSATE CEREBAL PALSY	15-0543657	501(C)3	10,000.	0.			DONOR-ADVISED GRANT FROM TO IMPROVE EMPLOYMENT OUTCOMES FOR STUDENTS WITH DISABILITIES
UTICA COLLEGE	16-1476258	501(C)3	37,740.	0.			DONOR-ADVISED GRANT FOR FUND FOR YOUNG SCHOLARS PROGRAM; GORDAN SCIENCE CENTER RENOVATIONL AND
UTICA PUBLIC LIBRARY	15-0618132	501(C)3	9,500.	0.			DONOR-ADVISED GRANT FOR THE SUMMER READING PROGRAM
UTICA ZOOLOGICAL SOCIETY	16-0915407	501(C)3	5,000.	0.			DONOR-ADVISED GRANT FOR CAPITAL IMPROVEMENTS TO ENLARGE THE CAT EXHIBIT
VIEW	16-1001728	501(C)3	303,612.	0.			AGENCY FUND GRANT TO REDUCE CONTRUCTION DEBT AND FOR GENERAL SUPPORT

Schedule I (Form 990)

Schedule I (Form 990)

(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:

CHARLES T. SITRIN HEALTH CARE CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ONE-YEAR APPOINTMENT FOR STAFF PERSON TO ASSIST IN OUTREACH TO MILITARY PROGRAMS AND PERSONNEL FOR VETERANS PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH FRIENDS

(H) PURPOSE OF GRANT OR ASSISTANCE: FIELD OF INTEREST GRANT FROM THE

Part IV Supplemental Information

UTICA DISPENSARY FUND FOR MEDICAL CARE FOR THE INDIGENT IN THE CITY OF
UTICA

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

(H) PURPOSE OF GRANT OR ASSISTANCE: FIELD OF INTEREST GRANT FROM THE
UTICA DISPENSARY FUND FOR MEDICAL CARE FOR THE INDIGENT IN THE CITY OF
UTICA

FOR AN EXERCISE MACHINE FOR THE HORSES

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH COMMUNITY FEDERATION OF THE MOHAWK VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED GRANT FROM THE MELVIN L.
KOWALSKI DESIGNATED FUND (2/3 THE GENERAL FUND AND 1/3 FOR THE UNITED
JEWISH APPEAL)

NAME OF ORGANIZATION OR GOVERNMENT: MOHAWK VALLEY COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MVCAA YOUTH TO ATTEND SUMMER
PROGRAMS

HIRING INTERN TO ARCHIVE AND PRESERVE DONATED MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT:

MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR-ADVISED GRANT FOR SUPPORT OF
THE CAPITAL CAMPAIGN AND NEW CAREER SCHOLARSHIP PROGRAM & THE HEALTH
INFORMATION TECHNOLOGY COORDINATOR

NAME OF ORGANIZATION OR GOVERNMENT: PRESBYTERIAN HOMES FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR-ADVISED GRANT FROM THE MELE

Part IV Supplemental Information

FAMILY FUND FOR PHASE 1 OF THE PARKINSON'S UNIT RENOVATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

ST. ELIZABETH MEDICAL CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR ADVISED GRANT TO PURCHASE DIGITAL MAMMOGRAPHY EQUIPMENT FOR THE HOBART STREET FACILITY

NAME OF ORGANIZATION OR GOVERNMENT: UTICA COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR-ADVISED GRANT FOR FUND FOR YOUNG SCHOLARS PROGRAM; GORDAN SCIENCE CENTER RENOVATIONL AND THE ANNUAL FUND

**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

2011

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 filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|---|
| ☐ 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 Regulations 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 duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to 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.

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

2011

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	346,594.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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 an amount 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	
33		

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

Schedule M (Form 990) (2011)

Part II

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
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 IS A DIRECTOR.

2.) EVE VAN DE WAL IS THE REGIONAL PRESIDENT OF AN ORGANIZATION IN WHICH
MARGARET O'SHEA IS A BOARD MEMBER.

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
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

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

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

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

THE FOUNDATION'S POLICY STATES THAT PERSONS WITH A CONFLICT SHALL NOT BE AUTHORIZED TO APPROVE A CONTRACT OR TRANSACTION. AT THE TIME OF THE DISCUSSION AND DECISION CONCERNING THE AUTHORIZATION OF SUCH CONTRACT OR

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

Employer identification number
15-6016932

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 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -2,021,477.

ROUNDING ADJUSTMENT 1.

TOTAL TO FORM 990, PART XI, LINE 5 -2,021,476.

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2011
Open to Public
Inspection

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

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION HOLDING CORPORATION - 20-0254573, 1222 STATE STREET, UTICA, NY 13502	PROPERTY MANAGEMENT	NEW YORK	501(C)(3)	8	N/A		X

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

Schedule R (Form 990) 2011

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]

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
					1a	1b
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

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]

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)