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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 private foundations)

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) 2608 GENESEE STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
UTICA, NY 13502

D Employer identification number
15-6016932

E Telephone number
(315)735-8212

G Gross receipts $ 11,047,246

F Name and address of principal officer
ALICIA DICKS
2608 GENESEE ST
UTICA,NY 13502

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE LIVES OF THE RESIDENTS OF HERKIMER AND ONEIDA COUNTIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	20
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,917,012	6,611,583
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,023,523	4,435,663
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,940,535	11,047,246
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,796,690	4,545,400
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)	941,335	1,000,715
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶332,471		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,417,534	1,529,260
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,155,559	7,075,375
19	Revenue less expenses Subtract line 18 from line 12	6,784,976	3,971,871
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	122,067,199	119,855,382
21	Total liabilities (Part X, line 26)	8,114,810	7,154,819
22	Net assets or fund balances Subtract line 21 from line 20	113,952,389	112,700,563

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

****** 2016-08-10
Signature of officer Date

ALICIA DICKS PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROY CLARK	ROY CLARK	2016-08-10		P00737936

Firm's name ▶ D'ARCANGELO & CO LLP | Firm's EIN ▶ 13-2550103
Firm's address ▶ 120 LOMOND COURT, UTICA, NY 135025950 | Phone no (315) 735-5216

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE COMMUNITY FOUNDATION IS TO IMPROVE THE LIVES OF THE RESIDENTS OF HERKIMER AND ONEIDA COUNTIES THE COMMUNITY FOUNDATION ADVANCES LEADERSHIP ON COMMUNITY SOLUTIONS AND PHILANTHROPY THAT CONNECTS PEOPLE WHO CARE WITH CAUSES THAT MATTER

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

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 5,176,888 including grants of $ 4,545,400) (Revenue $)

THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES IS A COMMUNITY-BASED, SOCIAL IMPACT INVESTOR USING ITS FINANCIAL, INTELLECTUAL AND CONVENING CAPITAL, THE FOUNDATION IS ABLE TO ADVISE, FUND, FUEL AND SUSTAIN PARTNERSHIPS THAT ADDRESS FUNDAMENTAL CHALLENGES WITHIN THE MOHAWK VALLEY BY INVESTING IN THEIR PARTNERS' SUCCESS, THE FOUNDATION PROMOTES CHANGE IN FOUR PRIORITY AREAS EDUCATION , HEALTH, ECONOMIC DEVELOPMENT, AND ARTS & CULTURE IN COMBINATION, THESE INVESTMENTS ADVANCE PROSPERITY, WELLNESS AND QULITY OF LIFE THROUGHOUT HERKIMER AND ONEIDA COUNTIES

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 5,176,888

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	25		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	20		
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)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
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)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
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?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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		Yes	
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ GILLES G LAUZON 2608 GENESEE ST UTICA, NY 13502 (315) 735-8212

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								342,296	0	17,396

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHARLES A GAETANO CONSTRUCTION CORP 258 GENESEE STREET UTICA, NY 13502	CONSTRUCTION	172,588

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	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 6,611,583				
	g	Noncash contributions included in lines 1a-1f $ 302,372				
	h	**Total.** Add lines 1a-1f . . . . . ▶	6,611,583			
Program Service Revenue		Business Code				
	2a					
	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) . . . . . ▶	2,227,776	2,227,776		
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,207,887				
	b	Less cost or other basis and sales expenses 0				
	c	Gain or (loss) 2,207,887				
	d	Net gain or (loss) . . . . . ▶	2,207,887	2,207,887		
	8a	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 . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	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				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . . . ▶	11,047,246	4,435,663	0	0

Part IX Statement of Functional Expenses

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

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

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 domestic organizations and domestic governments See Part IV, line 21	4,545,400	4,545,400		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	262,363	87,454	87,454	87,455
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	575,282	176,858	285,240	113,184
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,952	11,360	18,322	7,270
9 Other employee benefits	58,604	19,535	19,535	19,534
10 Payroll taxes	67,514	28,355	16,879	22,280
11 Fees for services (non-employees)				
a Management	33,683	16,841	16,842	
b Legal	25,262	12,631	12,631	
c Accounting	25,262	12,631	12,631	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	817,631		817,631	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,770	12,590	12,590	12,590
12 Advertising and promotion	2,098		2,098	
13 Office expenses	33,920	4,579	24,762	4,579
14 Information technology	60,254	15,064	30,126	15,064
15 Royalties				
16 Occupancy	70,480		70,480	
17 Travel	11,353	3,784	3,784	3,785
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,972	6,243	12,486	6,243
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	144,362		144,362	
23 Insurance	14,065		14,065	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM INITIATIVES	183,075	183,075		
b DEVELOPMENT AND MARKETI	80,975	40,488		40,487
c ANNUAL REPORT AND NEWSL	16,652		16,652	
d				
e All other expenses	-52,554		-52,554	
25 **Total functional expenses.** Add lines 1 through 24e	7,075,375	5,176,888	1,566,016	332,471
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

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		3,612,437	2	3,311,870
	3	Pledges and grants receivable, net		155,479	3	99,729
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,707,389			
	b	Less accumulated depreciation	10b 191,169	1,857,557	10c	2,516,220
	11	Investments—publicly traded securities		104,158,970	11	101,498,982
	12	Investments—other securities See Part IV, line 11		10,123,727	12	8,514,760
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,159,029	15	3,913,821
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		122,067,199	16	119,855,382
Liabilities	17	Accounts payable and accrued expenses		616,194	17	102,904
	18	Grants payable		1,482,227	18	1,220,538
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		6,016,389	25	5,831,377
	26	**Total liabilities.** Add lines 17 through 25		8,114,810	26	7,154,819
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		37,574,585	27	37,003,224
	28	Temporarily restricted net assets		51,632,184	28	50,143,533
	29	Permanently restricted net assets		24,745,620	29	25,553,806
		Organizations that do not follow SFAS 117 (ASC 958), 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		113,952,389	33	112,700,563
	34	Total liabilities and net assets/fund balances		122,067,199	34	119,855,382

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,047,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,075,375
3	Revenue less expenses Subtract line 2 from line 1	3	3,971,871
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,952,389
5	Net unrealized gains (losses) on investments	5	-5,225,034
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,338
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	112,700,563

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 15-6016932

Name: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EVE VAN DE WAL CHAIR ELECT	3 00	X		X				0	0	0
LAUREN E BULL TRUSTEE	1 00	X						0	0	0
MARY LYONS BRADLEY TRUSTEE	1 00	X						0	0	0
LINDA COHEN TRUSTEE	1 00	X						0	0	0
KEITH FENSTEMACHER CHAIR	1 00	X						0	0	0
RICHARD F CALLAHAN TRUSTEE	1 00	X						0	0	0
SUSAN G MATT TRUSTEE	1 00	X						0	0	0
MARY F MORSE TRUSTEE	1 00	X						0	0	0
JUDITH V SWEET SECRETARY-TREASURER	3 00	X		X				0	0	0
RICHARD C TANTILLO TRUSTEE	1 00	X						0	0	0
RONALD CUCCARO CHAIR	3 00	X		X				0	0	0
BURT DANOVITZ TRUSTEE	1 00	X						0	0	0
LMICHAEL FITZGERALD TRUSTEE	2 00	X						0	0	0
REV ROBERT UMIDI TRUSTEE	1 00	X						0	0	0
BONNIE WOODS TRUSTEE	2 00	X						0	0	0
HARRISON CHIP HUMMEL III TRUSTEE	1 00	X						0	0	0
RANDALL J VANWAGONER TRUSTEE	2 00	X						0	0	0
CHERYL MINOR TRUSTEE	1 00	X						0	0	0
CATHLEEN MCCOLGIN TRUSTEE	1 00	X						0	0	0
JAWWAAD RASHEED TRUSTEE	1 00	X						0	0	0
LISA DEFREES LOVETT TRUSTEE	2 00	X						0	0	0
DAVID MANZELMANN TRUSTEE	2 00	X						0	0	0
GREGORY MCLEAN TRUSTEE	2 00	X						0	0	0
GILLES GLAUZON CHIEF OPERATING OFFICER	40 00			X				106,486	0	7,454
ALICIA DICKS PRESIDENT-CEO	40 00			X				174,599	0	9,942

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARGARET O'SHEA ..... PRESIDENT-CEO	0 00						X	61,211	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
15-6016932

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,702,298	1,778,100	2,733,353	6,591,904	3,023,855	15,829,510
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,702,298	1,778,100	2,733,353	6,591,904	3,023,855	15,829,510
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)						1,745,184
6 **Public support.** Subtract line 5 from line 4						14,084,326

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,702,298	1,778,100	2,733,353	6,591,904	3,023,855	15,829,510
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,002,250	1,880,990	1,880,365	2,122,948	2,228,661	10,115,214
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						25,944,724

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 2015 (line 6, column (f) divided by line 11, column (f))	**14**	54 290 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**	58 530 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
15-6016932

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	99	7
2	Aggregate value of contributions to (during year)	667,780	21,435
3	Aggregate value of grants from (during year)	1,167,692	14,560
4	Aggregate value at end of year	20,285,971	596,838

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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (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 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, handling of violations, and enforcing conservation easements during the year
▶ _____

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

8 Does each conservation easement reported on line 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	110,142,440	107,784,705	92,759,311	83,379,712	86,567,826
b	Contributions	808,186	4,644,653	3,844,617	1,737,960	1,343,081
c	Net investment earnings, gains, and losses	-212,744	3,021,196	15,487,077	11,300,931	-22,020
d	Grants or scholarships	817,214	3,744,890	2,881,430	2,189,578	3,280,148
e	Other expenditures for facilities and programs	78,260,909	159,225	44,031		1,567
f	Administrative expenses	320,367	1,403,999	1,390,839	1,469,714	1,227,460
g	End of year balance	31,339,392	110,142,440	107,784,705	92,759,311	83,379,712

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 81 540 %
- c Temporarily restricted endowment ▶ 18 460 %

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		No
(ii) related organizations . . . . . 3a(ii)		No

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings		2,271,101	75,174	2,195,927
c Leasehold improvements				0
d Equipment		436,288	115,995	320,293
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				2,516,220

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTED CASH	672,814	F
(B) ALTERNATIVE INVESTMENTS	6,728,411	F
(C) LIFE INSURANCE	156,511	F
(D) REAL ESTATE	957,024	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	8,514,760	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
AGENCY LIABILITES	4,635,410
CHARITABLE GIFT ANNUITIES	903,247
LIFE INTEREST PAYABLE	162,694
COMPENSATED ABSENCES	11,746
DEFERRED REVENUE	118,280
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,831,377

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	4,976,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-5,253,405		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-5,253,405
3	Subtract line **2e** from line **1**			3	10,229,615
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	817,631		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	817,631
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	11,047,246

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

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

1	Total expenses and losses per audited financial statements			1	6,251,359
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 XIII)	2d	-6,385		
e	Add lines **2a** through **2d**			2e	-6,385
3	Subtract line **2e** from line **1**			3	6,257,744
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	817,631		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	817,631
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,075,375

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION'S FEDERAL AND STATE INFORMATIONAL RETURNS PRIOR TO 2011 ARE NO LONGER SUBJECT TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES
PART XII, LINE 2D - OTHER ADJUSTMENTS	HOLDING CORP EXPENSES INCLUDED IN COMBINED FIN STMTS BUT ON SEPARATE 990

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
15-6016932

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							

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 . . . . . ▶

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

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

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 15-6016932

Name: THE COMMUNITY FOUNDATION OF HERKIMER AND ONEIDA COUNTIES INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAXTON-ST LUKE'S HEALTHCARE FOUNDATION 1676 SUNSET AVENUE UTICA,NY 13502	22-3078768	501(C)3	201,056				FOR HERKIMER DIALYSIS PATIENT TREAMENT AREA & CARIAN EDGE LINEAR ACCELERATORGTANT FOR PUBLIC SUPPORTGRANT FOR PUBLIC SUPPORT
ABRAHAM HOUSE 1203 KEMBLE ST UTICA,NY 13501	16-1551609	501(C)3	14,000				NEW WINDOWS AND INSULATION TO INCREASE ENERGY EFFICIENCY
ALBANY LAW SCHOOL 80 NEW SCOTLAND AVE ALBANY,NY 12208	14-1338309	501(C)3	10,000				ANNUAL FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADIRONDACK MUSEUM 28N 30 BLUE MOUNTAIN LAKE,NY 12208	13-5635801	501(C)3	7,500				FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION UTICA CHAPTER 120 LOMOND COURT UTICA,NY 13502	13-5613797	501(C)3	5,000				GO RED FOR WOMEN CAMPAIGN
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVENUE NW SUITE 600 WASHINGTON,DC 20036	52-1190211	501(C)3	7,500				LEADERSHIP TRAINING PROGRAM FOR LOCAL AGRICULTRAL LEADERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BENJAMIN ZIEMBA 144 SANFORD AVENUE CLINTON,NY 13323		501(C)3	5,000				SCHOLARSHIP
BOYS & GIRLS CLUBS OF THE MOHAWK VALLEY 755 LANSING STREET UTICA,NY 13501	15-0532057	501(C)3	28,500				EMERGENCY GRANT FOR PAYROLL EXPENSE
BOONVILLE KIWANIS FOUNDATION JOHN GILBERT TREASURER PO BOX 3 BOONVILLE,NY 13309	16-0958006	501(C)3	5,000				FOR CARE OF BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOONVILLE YOUTH ATHLETIC ASSOCIATION PO BOX 412 BOONVILLE,NY 13309	22-3237815	501(C)3	5,000				FOR MAINTENANCE OF THE SPORTS COMPLEX
CHILDREN'S INSTITUTE 274 N GOODMAN STREET SUITE D103 ROCHESTER,NY 14607	23-7102632	501(C)3	64,471				PROACTIVE GRANT FOR SCHOOL READINESS PILOT PROJECT IN HERKIMER COUNTY (PHASE II)
CLINTON ABC PROGRAM INC 3989 CAMPUS ROAD CLINTON,NY 13323	23-7296910	501(C)3	6,182				GRANT FROM CLINTON ABC AND DONOR-ADVISED GRANTING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLINTON CENTRAL SCHOOL DISTRICT FOUNDATION 75 CHENANGO AVE CLINTON,NY 13323	16-1413396	501(C)3	11,192				GRANT FROM THE CLINTON CENTRAL SCHOOL DISTRICT FOUNATION FUNDS
CORNELL COOPERATIVE EXTENSION - ONEIDA COUNTY 121 SECOND STREET ORISKANY,NY 13424	16-1159507	501(C)3	58,900				R2G STUDIO FOR COMMUNITY AND ECONOMIC DEVELOPMENT & FARM TO SCHOOL PILOT PROJECT
CAMCU 4 VINE COURT UTICA,NY 13501	22-3013427	501(C)3	12,500				EMERGENCY GRANT FOR PAYROLL EXPENSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 220 WEST DOMINICK STREET ROME,NY 13440	22-2600068	501(C)3	75,000				CAPITOL CINEMA 2 STARTUP COSTS
CATHOLIC CHARITIES OF HERKIMER COUNTY 61 WEST STREET ILION,NY 13357	16-1189791	501(C)3	20,000				FOR THE HERKIMER COUNTY SUICIDE PREVENTION PROGRAM MARKETING AND COMMUNICATIONS
FORT SCHUYLER CLUB 254 GENESEE STREET UTICA,NY 13502	15-0309870	501(C)3	40,000				GRANT FROM THE FORT SCHUYLER CLUB FUND FOR REPAIRS TO THE REAR ADDITION WATER TABLE FLASHING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR FAMILY LIFE AND RECOVERY 502 COURT STREET SUITE 401 UTICA,NY 13502	27-4295905	501(C)3	15,000				FOR THE FAMILY PEER RECOVERY PROGRAM
CHAMBER MUSIC SOCIETY OF UTICA 463 PARTRIDGE HILL ROAD BARNEVELD,NY 13304	16-1140602	501(C)3	6,510				ADVERTISING PROGRAM
CHARLES T SITRIN HEALTH CARE CENTER INC PO BOX 10002050 TILDEN AVENUE NEW HARTFORD,NY 13413	22-3100745	501(C)3	100,000				START-UP FUNDING FOR THE NEURODENERATIVE DISEASE SPECIALTY UNIT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HERKIMER AREA RESOURCE CENTER 350 SOUTH WASHINGTON STREET HERKIMER,NY 13350	16-0973231	501(C)3	138,667				FOR FUNDRAISER/HARC COMMUNITY PARK AND EQUIPMENT
HERKIMER COLLEGE FOUNDATION 100 RESERVOIR ROAD HERKIMER,NY 13350	16-6076227	501(C)3	5,000				FOR SCHOLARSHIPS
HERKIMER COUNTY HUMANE SOCIETY PO BOX 73 MOHAWK,NY 13407	16-1145993	501(C)3	38,739				FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHENANGO COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 6160 COUNTY ROAD 32 NORWICH,NY 13815	16-1071918	501(C)3	20,000				FOR GENERAL SUPPORT
HOPE HOUSE PO BOX 161 UTICA,NY 13503	22-3242715	501(C)3	19,175				FOR GENERAL SUPPORT
CITY OF ROME CITY HALL 198 NORTH WASHINGTON STREET ROME,NY 13440			14,985				START-UP FUNDING FOR A KAYAK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANE SOCIETY OF ROME PO BOX 4572 ROME,NY 13442	16-0875792	501(C)3	10,000				FOR GENERAL SUPPORT
CITY OF UTICA ONE KENNEDY PLAZA UTICA,NY 13502			10,000				ARTSPACE UTICA FEASIBLE STUDY
JEWISH COMMUNITY FEDERATION OF MV 2310 ONEIDA STREET UTICA,NY 13501	15-0533576	501(C)3	8,838				GRANT FROM THE MELVIN L KOWALSKI DESIGNATED FUND

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CNY HEALTH & INDEPENDENCE AGENCY (CHIA) 502 COURT STREET SUITE 202 UTICA,NY 13502	32-0040736	501(C)3	9,000				FOR FINANCIAL REVIEWS
DESALES CENTER 731 LAFAYETTE STREET UTICA,NY 13502	13-4350899	501(C)3	32,290				EMERGENCY GRANT TO REPAIR PARAPET
DOLGEVILLE CENTRAL SCHOOL 38 SLAWSON STREET DOLGEVILLE,NY 13329			16,000				SCREENING AND INTERVENTION PROGRAM FOR RURAL INFANTS AND TODDLERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOLGEVILLE MANHEIM PUBLIC LIBRARY 20 NORTH MAIN STREET DOLGEVILLE,NY 13329	41-2082670	501(C)3	11,442				ENERGY EFFICIENCY PROJECT
DPAO FOUNDATION INC 617 DAVIDSON STREET WATERTOWN,NY 13601	46-4400168	501(C)3	10,000				GENERAL SUPPORT
LITTLE FALLS HOSPITAL 140 BURWELL STREET LITTLE FALLS,NY 13365	15-0533578	501(C)3	100,000				FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DREW UNIVERSITY OFFICE OF ANNUAL GIVING ALUMNI HOUSE MADISON,NJ 07940	22-1487164	501(C)3	5,000				FOR BUILDING MAINTENANCE
MADISON SQUARE BOYS & GIRLS CLUB INC 317 MADISON AVE NEW YORK,NY 10017	13-5596792	501(C)3	5,000				FOR GENERAL SUPPORT
ECONOMIC DEVELOPMENT GROWTH ENTERPRISES CORPORATION 584 PHOENIX DRIVE ROME,NY 13441	16-0874637	501(C)3	50,000				NY FURNACE PROGRAM

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MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEEKER STREET UTICA,NY 13501	13-5648611	501(C)3	24,400				FOR GENERAL SUPPORT/RESEARCH/AND FUNDRAISING APPEAL
ERWIN LIBRARY AND INSTITUTE 104 SCHUYLER STREET BOONVILLE,NY 13309	15-0567352	501(C)3	5,000				FOR BUILDING MAINTENANCE
FAMILY ADVOCACY CENTER 5639 WALKER ROAD DEERFIELD,NY 13502	22-2230686	501(C)3	5,996				CONFERENCE ROOM FURNISHINGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOHAWK VALLEY COMMUNITY ACTION AGENCY INC 9882 RIVER ROAD UTICA,NY 13502	16-0918009	501(C)3	30,249				FOR MVCAA YOUTH AND COMMUNITY RESOURCE SPECIALIST
MOHWAK VALLEY COMMUNITY COLLEGE FOUNDATION 1101 SHERMAN AVE UTICA,NY 13502	16-6071031	501(C)3	17,600				ENTREPRENEUR TRAINING/SCHOLARSHIPS/CAPITAL CAMPAIGN
GLIMMERGLASS OPERA INC PO BOX 191 COOPERSTOWN,NY 13326	16-1053970	501(C)3	5,000				FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER UTICA CHORAL SOCIETY INC 306 BROCKWAY ROAD FRANKFORT,NY 13340	06-1641512	501(C)3	5,000				IN SUPPORT OF THE CLINTON SYMPHONY ORCHESTRA
HERKIMER COLLEGE 100 RESERVOIR ROAD HERKIMER,NY 13350			21,500				EDUCATION MINI GRANT FOR COMPUTER TRAINING AND SCHOLARSHIP
NORTH UTICA SENIOR CITIZENS RECREATION CENTER INC 50 RIVERSIDE DR UTICA,NY 13502	16-1059103	501(C)3	62,536				EXPANSION OF IMAGINATION LIBRARY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE CHAPEL AME ZION CHURCH 512 MELVIN ROAD UTICA,NY 13502	23-7029162	501(C)3	25,000				FOR BUILDING AND PROPERTY IMPROVEMENTS
NORTHERN ADIRONDACK PLANNED PARENTHOOD INC 66 BRINKERHOFF STREET PLATTSBURGH,NY 12901	16-0919175	501(C)3	10,000				DESIGNATED GRANT FROM THE FAMILY PLANNING & EDUCATION FUND
NOTRE DAME JUNIOR-SENIOR HIGH SCHOOL 2 NOTRE DAME LANE UTICA,NY 13502	15-0617328	501(C)3	82,655				GRANTS FOR TUITION ASSISTANCE FOR FAMILIES IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OLD FORGE LIBRARY PO BOX 128 OLD FORGE,NY 13420	15-0582657	501(C)3	39,054				FOR GENERAL SUPPORT
ON POINT FOR COLLEGE 500 PLANT STREET UTICA,NY 13502	16-1569356	501(C)3	245,000				FOR OPERATING EXPENSES OF ON POINT AND FOR GENERAL SUPPORT AND STUDENT AID
ONEIDA COMMUNITY MANSION HOUSE 170 KENWOOD AVE ONEIDA,NY 13421	22-2825570	501(C)3	20,000				FOR GENEAL SUPPORT AND CEMETERY NEEDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOSPICE AND PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD,NY 13413	22-2238073	501(C)3	8,600				WORKSHOP FOR HOSPICE LEADERS
ONEIDA COUNTY HISTORICAL SOCIETY 1608 GENESEE ST UTICA,NY 13502	15-0564081	501(C)3	21,836				FOR GENERAL SUPPORT AND FOR PURCHASE OF DATA LOGGERS AND NEW COMPUTERS
INSTITUTE OF TECHNOLOGY FOUNDATION AT UTICAROME INC 100 SEYMOUR ROAD UTICA,NY 13502	23-7412413	501(C)3	25,000				FIRST TECH CHALLENGE ROBOTICS PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNSON PARK CENTER PO BOX 160 UTICA,NY 13503	16-1498400	501(C)3	70,308				TO SUPPORT THE HEAD, HAND AND HEART FAMILY ENRICHMENT PROGRAM, SCHOOL BOOK BAGS
JUNIOR FRONTIERS PO BOX 712 UTICA,NY 13503		501(C)3	5,000				SCHOLARSHIPS
PLANNED PARENTHOOD MOHAWK HUDSON INC 1424 GENESEE STREET UTICA,NY 13502	14-6004167	501(C)3	10,000				FOR GENERAL SUPPORT

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RESCUE MISSION OF UTICA INC 212 RUTGER STREET UTICA,NY 13501	15-0569359	501(C)3	55,241				FOR GENERAL SUPPORT AND READING MATERIALS FOR ADULT LITERACY
RESOURCE CENTER FOR INDEPENDENT LIVING INC PO BOX 210 UTICA,NY 13501	22-2518284	501(C)3	8,838				DESIGNATED GRANTS
KINDRED SPIRITS GREYHOUND ADOPTION INC 6685 RESERVIOR ROAD CLINTON,NY 13323	20-8300913	501(C)3	6,000				GENERAL SUPPORT

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LEADERSHIP MOHAWK VALLEY 100 SEYMOUR ROAD UTICA,NY 13502	16-1385001	501(C)3	9,250				CAPACITY BUILDING MINI GRANT FOR STRATEGIC PLANNING
MIDTOWN UTICA COMMUNITY CENTER 40 FAXTON STREET UTICA,NY 13501	47-1353432	501(C)3	5,050				BUILDING ASSESSMENT
ROME MEMORIAL HOSPITAL FOUNDATION 155 WEST DOMINICK STREET ROME,NY 13440	16-1364515	501(C)3	20,000				FOR THE PURCHASE OF A PARKER BATH SIT BATH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOHAWK HOMESTEAD 62 EAST MAIN STREET MOHAWK,NY 13407	15-0532222	501(C)3	53,400				BATHROOM RENOVATIONS, ROOF REPLACEMENT, GENERAL SUPPORT
MOHAWK VALLEY EDGE 584 PHOENIX DRIVE ROME,NY 13441		501(C)3	25,000				ASSESSMENT OF REGIONAL ECONOMIC IMPACT OF ATTRACTING SEMICONDUCTORTO ONEIDA AND HERKIMER
SCULPTURE SPACE 12 GATES STREET UTICA,NY 13502	22-2197162	501(C)3	40,000				FOR GENERAL SUPPORT AND ROOF REPLACEMENT

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MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES 309 GENESEE STREET UTICA,NY 13501	16-1158764	501(C)3	5,000				GENERAL SUPPORT
MPW MARKETING PO BOX 14512 1/2 EAST PARK ROW SUITE A CLINTON,NY 13323			23,742				MARKETING PLAN FOR MOHAWK VALLEY CONNECT
ST ELIZABETH MEDICAL CENTER FOUNDATION 2209 GENESEE STREET UTICA,NY 13501	22-2562170	501(C)3	38,360				FOR EMERGENCY ROOM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MUNSON WILLIAMS PROCTOR ARTS INSTITUTE 310 GENESEE STREET UTICA,NY 13502	15-0532214	501(C)3	41,895				MWPAI FILM SERIES DIGITAL CONVERSION
STEVEN-SWAN HUMANE SOCIETY 5664 HORATIO STREET UTICA,NY 13502	15-0551485	501(C)3	31,338				FOR TELETHON, FUR BALL AND GENERAL SUPPORT
NATIONAL MATH FOUNDATION PO BOX 615 SENECA FALLS,NY 13148	46-1116885	501(C)3	10,000				EDUCATION MINIGRANT FOR TEACHER TRAINING PROGRAMS IN LITTLE FALLS AND VERONA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEIGHBORHOOD CENTER 624 ELIZABETH STREET UTICA,NM 13501	16-1563069	501(C)3	18,701				FOR BRIGHT FROM THE START CHILD CARE SUPPORT, GENERAL SUPPORT
THE WOMEN'S FUND INC 2 WILLIAMS STREET CLINTON,NY 13323	20-4296797	501(C)3	30,200				FOR GENERAL SUPPORT, ANNIE'S FUND AND WOMEN'S FUND
TRI-CITY LACROSSE INC 8029 HALSEY ROAD WHITESBORO,NY 13492	16-1603922	501(C)3	24,750				SAFETY NETTING AND FENCING FOR NEW FIELDSSCHOLARSHIP AWARDS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TUG HILL TOMORROW INC PO BOX 6063 WATERTOWN,NY 13601	22-3115498	501(C)3	11,900				FOR OPERATIONAL AND GENERAL SUPPORT
UNITED WAY OF THE VALLEY & GREATER UTICA AREA 201 LAFAYETTE STREET SUITE 201 UTICA,NY 13502	15-0532074	501(C)3	35,000				FOR LITERACY COALITION AND GENERAL SUPPORT
NEIGHBORHOOD CENTER OF UTICA NY INC 293 GENESEE STREET UTICA,NY 13501	15-0532097	501(C)3	100,000				CAPITAL CAMPAIGN TO RENOVATE BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UPSTATE CEREBRAL PALSY 1020 MARY STREET UTICA,NY 13501	15-0543657	501(C)3	269,217				THERAPEUTIC HORSEBACK RIDING FEES, EXPANSION OF EQUINE THERAPY PROGRAM AND FOR GENERAL SUPPORTCAPACITY BUILDING MINI-GRANT, FOR NEW HORIZONS, & FOR GENERAL SUPPORT
NORTH WOODS COMMUNITY CENTER PO BOX 847 110 CROSBY BLVD OLD FORGE,NY 13420	56-2422839		10,000				BUILDING RENOVATIONS
NOTRE DAME SCHOOLS CAPITAL CAMPAIGN FUND 2 NOTRE DAME LANE UTICA,NY 13502		501(C)3	10,000				IN SUPOPRT OF THE CONSTRUCTION AND RENOVATION OF THE NOTRE DAME CAMPUS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTICA COLLEGE 1600 BURRSTONE RD UTICA,NY 13502	16-1476258	501(C)3	45,150				SCHOLARSHIPS
UTICA DOLLARS FOR SCHOLARS PO BOX 1733 UTICA,NY 13503	41-1795701	501(C)3	54,450				SCHOLARSHIPS
UTICA MUNICIPAL HOUSING AUTHORITY 509 SECOND STREET UTICA,NY 13501	15-6000653	501(C)3	44,763				PUBLIC HOUSING AMERICORPS PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTICA PUBLIC LIBRARY 303 GENESEE STREET UTICA,NY 13501	15-0618132	501(C)3	15,150				FOR HVAC, SUMMER READING PROGRAM, ANNUAL CAMPAIGN, GENERAL SUPPORT AND ROOF REPAIRS
UTICA SAFE SHCOOL HEALTHY STUDENTS PARTNERSHIP INC 106 MEMORIAL PARKWAY UTICA,NY 13501	16-1614543	501(C)3	96,360				DIVERTING ONEIDA COUNTY YOUTH FROM THE COURT SYSTEM
UTICA ZOOLOGICAL SOCIETY 99 STEELE HILL ROAD UTICA,NY 13501	16-0915407	501(C)3	100,000				FOR THE CARE OF "DONOVAN THE LION," GIVE BACK TO UTICA INTERN, AND ACCESSIBILITY PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VALLEY HEALTH SERVICE INC 690 WEST GERMAN STREET HERKIMER,NY 13350	22-2511614	501(C)3	50,000				PUMP STATION FOR NEW ASSISTED LIVING FACILITY AND FOR GENERAL SUPPORT
VIEWTHE ARTS CENTER IN OLD FORGE 3273 STATE RT 28 OLD FORGE,NY 13420	16-1001728	501(C)3	100,000				FOR WATERCOLOR EXHIBIT AND MEYDA MATCHING PROJECT
ONEIDA SQUARE PROJECT 500 PLANT STREET UTICA,NY 13502	45-2904356	501(C)3	52,247				FOR INTERVIEWS FOR STRATEGIC PLAN, GENERAL SUPPORT, DESIGNATED GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKWAY CENTER 220 MEMORIAL PARKWAY UTICA,NY 13501	16-1557404	501(C)3	19,900				TELEPHONE SYSTEM UPGRADE, STRATEGIC PLAN
YWCA OF THE MOHAWK VALLEY 1000 CORNELIA ST UTICA,NY 13502	15-0532279	501(C)3	186,196				FOR OUTSTANDING WOMENS EVENT, DOMESTIC VIOLENCE SERVICES, EDUCATION PROGRAM AND GENERAL SUPPORT
ROME CITY SCHOOL DISTRICT 409 BELL ROAD SOUTH ROME,NY 13440			146,639				HILLSIDE WORK-SCHOLARSHIP CONNECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK,NY 10994	13-5562351	501(C)3	10,000				ROOF REPLACEMENT FOR THE SALVATION ARMY HERKIMER COMMUNITY CENTER
SYRACUSE UNIVERSITY 113 BOWNE HALL SYRACUSE,NY 13244	15-0532081	501(C)3	25,000				UTICA OFFICE OF THE VETERANS LEGAL CLINIC
STANLEY CENTER FOR THE ARTS 261 GENESEE STREET UTICA,NY 13501	16-6068418	501(C)3	50,000				AUDIT FEES, ROOF REPAIR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY,NY 12201	14-1368361	501(C)3	8,000				INNOVATION CHALLENGE NEW YORK, MOHAWK VALLEY
TOWN OF FORESTPORT PO BOX 137 FORESTPORT,NY 13338	15-6000952		20,876				DUTCH HILL BALL FIELD PLAYGROUND PROJECT
TOWN OF RUSSIA NEW YORK 8916 NORTH MAIN PO BOX 126 POLAND,NY 13431			30,000				WINTERIZING COMMUNITY BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNHS NEIGHBORWORKS HOME OWNERSHIP CENTER 1611 GENESEE STREET UTICA,NY 13501	16-1127874	501(C)3	7,500				IN SUPPORT OF THE EDUCATIONAL AND FINANCIAL LITERACY PROGRAMS
UTICA ACADEMY OF SCIENCE CHARTER SCHOOL 1214 LINCOLN AVENUE UTICA,NY 13502	46-1520825	501(C)3	5,000				FOR DIGITAL PROJECTORS
UTICA CENTER FOR DEVELOPMENT INC 726 WASHINGTON ST UTICA,NY 13502	26-2017327	501(C)3	35,000				ROOF REPLACEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UTICA CITY SCHOOL DISTRICT 106 MEMORIAL PARKWAY UTICA,NY 13501			5,850				FOR THE POVERTY SYMPOSIUM PROGRAM
VILLAGE OF MOHAWK 28 COLUMBIA STREET MOHAWK,NY 13501			7,300				FOR A FENCE FOR WARREN CASEY FIELD
WATERTOWN URBAN MISSION 247 FACTORY STREET WATERTOWN,NY 13501	16-0957201	501(C)3	10,000				FOR GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOMEN'S EMPLOYMENT & RESOURCE CENTER 185 GENESEE STREET UTICA,NY 13501	16-1577318	501(C)3	11,317				COMPUTERS AND SOFTWARE FOR COMPUTER LAB
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL,MA 02467	04-2103545	501(C)3	15,000				POPS ON THE HEIGHTS SCHOLARSHIP
ROME HISTORICAL SOCIETY 200 CHURCH STREET ROME,NY 13440	15-0550178	501(C)3	22,340				REPAIR OF ROOF AND RELATED DAMAGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 731 LAFAYETTE STREET UTICA,NY 13502	16-1488620	501(C)3	6,100				READING ROCKETS SOARING TO LITERACY PROGRAM
TOWN OF INLET PO BOX 179 INLET,NY 13360			10,000				ARROWHEAD PARK BOATHOUSE PROJECT

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

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

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification 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 in 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALICIA DICKS PRESIDENT-CEO	(i)	174,599	0	0	0	0	174,599	0
	(ii)	0	0	0	0	0	0	0
2 MARGARET O'SHEA PRESIDENT-CEO	(i)	11,211	50,000	0	0	0	61,211	50,000
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

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

Employer identification number
15-6016932

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	302,372	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
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?	31	Yes
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes
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		

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	SCHEDULE M, LINE 32B THE FOUNDATION USES A FINANCIAL INSTITUTION TO RECEIVE AND SELL PUBLICLY TRADED SECURITIES

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

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ONE PERSON IS EMPLOYED BY THE OTHER IN A SOLE PROPRIETORSHIP OR BY AN ORGANIZATION WITH WHICH THE OTHER IS ASSOCIATED AS A TRUSTEE, DIRECTOR, OFFICER, KEY EMPLOYEE, OR GREATER THAN 35% OWNER 1) EVE VAN DE WAL IS THE REGIONAL PRESIDENT OF AN ORGANIZATION IN WHICH MARGARET O'SHEA, RONALD CUCCARO, AND JUDITH SWEET ARE ADVISORY BOARD MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT 990 IS REVIEWED BY THE FOUNDATION'S AUDIT AND COMPLIANCE COMMITTEE TO ENSURE COM PLIANCE WITH TAX LAWS THE AUDIT AND COMPLIANCE COMMITTEE RECOMMENDS APPROVAL BY THE BOARD THE FINAL VERSION OF THE FORM 990 IS E-MAILED TO EACH BOARD MEMBER IN ORDER TO ASSIST B OARD MEMBERS WITH THEIR REVIEW OF THE FORM 990, A GUIDANCE TABLE IS PROVIDED THAT DESCRIBE S EACH PART OF THE FORM 990 ALONG WITH KEY QUESTIONS THAT THE REVIEWER SHOULD CONSIDER WHE N REVIEWING THE 990
FORM 990, PART VI, SECTION B, LINE 12C	THE FOUNDATION'S POLICY ON CONFLICTS OF INTEREST & CONFIDENTIALITY APPLIES TO ALL PERSONS HOLDING POSITIONS OF RESPONSIBILITY AND TRUST ON BEHALF OF THE FOUNDATION, INCLUDING BUT N OT 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 CONF LICT BETWEEN PERSONAL INTERESTS AND THE INTERESTS OF THE FOUNDATION THE FOUNDATION'S POLI CY REQURIES DISCLOSURE OF A CONFLICT OF INTEREST (A) PRIOR TO VOTING ON OR OTHERWISE DISC HARGING HIS OR HER DUTIES WITH RESPECT TO ANY MATTER INVOLVING THE CONFLICT WHICH COMES BE FORE THE BOARD OR ANY COMMITTEE, (B) PRIOR TO ENTERING INTO ANY CONTRACT OR TRANSACTION IN VOLVING THE FOUNDATION, (C) AS SOON AS POSSIBLE AFTER THE BOARD MEMBER OR OFFICER SHALL LE ARN OF A CONFLICT OF INTEREST IN ANY OTHER CONTEXT THE FOUNDATION'S POLICY STATES THAT FO LLOWING THE RECEIPT OF INFORMATION CONCERNING A CONTRACT OR TRANSACTION INVOLVING A POTENT IAL CONFLICT OF INTEREST, THE BOARD SHALL CONSIDER THE MATERIAL FACTS CONCERNING THE PROPO SED CONTRACT OR TRANSACTION INCLUDING THE PROCESS BY WHICH THE DECISION WAS MADE TO RECOMM END ENTERING INTO THE ARRANGEMENT ON THE TERMS PROPOSED THE BOARD SHALL APPROVE ONLY THOS E CONTRACTS OR TRANSACTIONS IN WHICH THE TERMS ARE FAIR AND REASONABLE TO THE FOUNDATION A ND THE ARRANGEMENTS ARE CONSISTENT WITH RECOMMENDING TO THE BOARD A CONFLICT OF INTEREST P OLICY, RECOMMENDING THE FORMAT OF THE ANNUAL DISCLOSURE FORM, RECOMMENDING CHANGES AS NEED ED, 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 A PPROVE A CONTRACT OR TRANSACTION AT THE TIME OF THE DISCUSSION AND DECISION CONCERNING TH E AUTHORIZATION OF SUCH CONTRACT OR TRANSACTION, THE INTERESTED BOARD MEMBER OR OFFICER SH OULD NOT BE PRESENT AT THE MEETING
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION OF THE FOUNDATION'S PRESIDENT/CEO INCLUDES A REVIEW AND APPROVAL BY THE BOARD 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 ADDIT ION, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST
SCHEDULE D, PAT VII, LINE 2C	THE FOUNDATION'S OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Employer identification number
15-6016932

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

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

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

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

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

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

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

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

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

		Yes	No
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 orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)COMMUNITY FOUNDATION HOLDING CORPORATION	D	1,000,000	FMV
(2)COMMUNITY FOUNDATION HOLDING CORPORATION	A	28,750	AGREEMENT
(3)COMMUNITY FOUNDATION HOLDING CORPORATION	K	28,750	AGREEMENT

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation