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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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) | Room/suite
2608 GENESEE STREET

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 $ 7,991,477

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	17
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,611,583	4,023,842
9	Program service revenue (Part VIII, line 2g)	0	53,605
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,435,663	3,751,066
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	162,964
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,047,246	7,991,477
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,545,400	4,861,011
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)	1,000,715	1,069,353
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶308,129		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,529,260	1,887,795
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,075,375	7,818,159
19	Revenue less expenses Subtract line 18 from line 12	3,971,871	173,318

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	119,855,382	126,855,157
21	Total liabilities (Part X, line 26)	7,154,819	7,978,815
22	Net assets or fund balances Subtract line 21 from line 20	112,700,563	118,876,342

Part II Signature Block

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

Sign Here

****** 2017-06-21
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
TRICIA L LUCAS CPA	TRICIA L LUCAS CPA	2017-06-08		P00227744

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 $ 5,880,601 including grants of $ 4,861,011) (Revenue $ 53,605)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 5,880,601

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		No
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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**	23		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**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	22		
	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	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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			
(1) EVE VAN DE WAL CHAIR ELECT	3 00	X		X				0	0	0
(2) LAURA CASAMENTO TRUSTEE	1 00	X						0	0	0
(3) MARY LYONS BRADLEY TRUSTEE	1 00	X						0	0	0
(4) LINDA COHEN TRUSTEE	1 00	X						0	0	0
(5) KEITH FENSTEMACHER TRUSTEE	1 00	X						0	0	0
(6) DAVID T GRIFFITH TRUSTEE	1 00	X						0	0	0
(7) SUSAN G MATT TRUSTEE	1 00	X						0	0	0
(8) MARY F MORSE TRUSTEE	1 00	X						0	0	0
(9) JUDITH V SWEET SECRETARY-TREASURER	3 00	X		X				0	0	0
(10) RICHARD C TANTILLO TRUSTEE	1 00	X						0	0	0
(11) RONALD CUCCARO CHAIR	3 00	X		X				0	0	0
(12) BURT DANOVITZ TRUSTEE	1 00	X						0	0	0
(13) LMICHAEL FITZGERALD TRUSTEE/SECRETARY TREASURER	3 00	X		X				0	0	0
(14) REV ROBERT UMIDI TRUSTEE	1 00	X						0	0	0
(15) BONNIE WOODS TRUSTEE	2 00	X						0	0	0
(16) HARRISON CHIP HUMMEL III TRUSTEE	1 00	X						0	0	0
(17) RANDALL J VANWAGONER TRUSTEE	2 00	X						0	0	0

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			
(18) CHERYL MINOR TRUSTEE	1 00	X						0	0	0
(19) CATHLEEN MCCOLGIN TRUSTEE	1 00	X						0	0	0
(20) JAWWAAD RASHEED TRUSTEE	1 00	X						0	0	0
(21) LISA DEFREES LOVETT TRUSTEE	2 00	X						0	0	0
(22) DAVID MANZELMANN TRUSTEE	2 00	X						0	0	0
(23) GREGORY MCLEAN TRUSTEE	2 00	X						0	0	0
(24) GILLES G LAUZON CHIEF OPERATING OFFICER	40 00			X				117,673	0	8,050
(25) ALICIA DICKS PRESIDENT-CEO	40 00			X				158,405	0	21,322
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								276,078	0	29,372

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	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*	**5**		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	485,010

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

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	4,023,842		
	g Noncash contributions included in lines 1a-1f $ 453,440				
	h **Total.** Add lines 1a-1f . . . . . ▶		4,023,842		

Program Service Revenue		Business Code				
	2a AGENCY FUNDS ADMIN FEE	900099	53,605	53,605		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		53,605			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,539,203	2,539,203		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(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	1,211,863				
	b Less cost or other basis and sales expenses	0				
	c Gain or (loss)	1,211,863				
	d Net gain or (loss) . . . . . ▶		1,211,863	1,211,863		
	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 MISC	900099	162,964	162,964		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		162,964			
	12 Total revenue. See Instructions . . . . . ▶		7,991,477	3,967,635	0	0

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,861,011	4,861,011		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	274,970	91,656	91,656	91,658
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	612,269	231,546	339,056	41,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	40,648	15,040	19,511	6,097
9 Other employee benefits	68,363	25,294	32,814	10,255
10 Payroll taxes	73,103	27,049	35,089	10,965
11 Fees for services (non-employees)				
a Management				
b Legal	41,688		20,844	20,844
c Accounting	18,746	6,248	6,250	6,248
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	809,662		809,662	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,606	6,202	6,203	26,201
12 Advertising and promotion	85,719	28,573	28,573	28,573
13 Office expenses	31,735	11,742	15,233	4,760
14 Information technology	49,941	18,478	23,972	7,491
15 Royalties				
16 Occupancy	82,854	27,618	27,618	27,618
17 Travel	12,186	4,509	5,849	1,828
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,498	10,544	13,679	4,275
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,958		124,958	
23 Insurance	20,537		20,537	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM INITIATIVES	508,983	508,983		
b DEVELOPMENT	17,172			17,172
c MEMBERSHIPS & PUBLICATI	16,510	6,108	7,925	2,477
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	7,818,159	5,880,601	1,629,429	308,129
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

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	7,991,477
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,818,159
3	Revenue less expenses Subtract line 2 from line 1	3	173,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,700,563
5	Net unrealized gains (losses) on investments	5	6,002,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1
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	118,876,342

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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 (2016)

Form 990, Part III, Line 4a:

THE COMMUNITY FOUNDATION IS A COMMUNITY-BASED, SOCIAL IMPACT INVESTOR THAT USES ITS FINANCIAL, INTELLECTUAL AND CONVENING CAPITAL TO IMPROVE QUALITY OF LIFE IN HERKIMER AND ONEIDA COUNTIES AS A RESPONSIVE GRANTMAKER, THE COMMUNITY FOUNDATION AWARDS MORE THAN 596 GRANTS TO ELIGIBLE NONPROFITS IN HERKIMER AND ONEIDA COUNTIES RESPONSIVE GRANTS FOCUS ON NEEDS RELATED TO THE COMMUNITY FOUNDATION'S CORE INVESTMENT AREAS - ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND ARTS/CULTURE - AND HELP NONPROFITS BETTER SERVE THEIR CONSTITUENTS

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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

2016

Open to Public Inspection

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

Employer identification number
15-6016932

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

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	**14**	48 150 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	54 290 %

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

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

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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

2016

Open to Public Inspection

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

Employer identification number
15-6016932

Part I 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	101	8
2	Aggregate value of contributions to (during year)	614,206	42,041
3	Aggregate value of grants from (during year)	1,320,837	20,877
4	Aggregate value at end of year	23,069,561	721,804

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 80 420 %
- c Temporarily restricted endowment ▶ 19 580 %

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

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

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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	
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			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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 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

2016

Open to Public Inspection

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

Employer identification number
15-6016932

Part I General Information on Grants and Assistance

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

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

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

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

(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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
ADIRONDACK MUSEUM 9097 STATE ROUND 30 PO BOX 99 BLUE MOUNTAIN LAKE, NY 128120099	13-5635801		56,000				EXPANSION OF PREK-12 PROGRAMS IN HERKIMER AND ONEIDA COUNTIES/CAMPAIGN SUPPORT
ALBANY LAW SCHOOL 80 NEW SCOTLAND AVENUE ALBANY, NY 122083494	14-1338309		10,000				DONOR-ADVISED GRANT FROM JK & HADY ANNE HAGE FAMILY FUND FOR THE ANNUAL FUND
AMERICAN HEART ASSOCIATIONAMERICAN STROKE ASSOCIATION 120 LOMOND COURT UTICA, NY 13502	46-1581429	501(C)3	5,000				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
ARC HERKIMER 350 S WASHINGTON ST HERKIMER, NY 13350	16-0973231	501(C)3	10,000				FOR VIDEO CAMERAS FOR BUS FLEET
AVA DORMAN SENIOR CENTER 305 E LOCUST STREET ROME, NY 13440	16-6053004	501(C)3	23,000				PARKING LOT RENOVATION
BOSTON UNIVERSITY 881 COMMONWEALTH AVE 6TH FL ADMISSIONS BOSTON, MA 02215	04-2103547		5,000				CHRISTOPHER HARDING DONALTY SCHOLARSHIP FUND AWARDED TO BENJAMIN KILIAN

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
BOONVILLE YOUTH ATHLETIC ASSOCIATION PO BOX 412 BOONVILLE, NY 13309	22-3237815	501(C)3	5,000				FOR THE YOUTH ATHLETIC FIELD
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545		23,400				DONOR-ADVISED GRANT FOR DAVID & JANET GRIFFITH FAMILY FUND FOR STUDENT SCHOLARSHIPS
BOYS & GIRLS CLUB 755 LANSING STREET UTICA, NY 13501	15-0532057	501(C)3	18,500				EMERGENCY GRANT FOR PAYROLL AND ACCOUNTS PAYABLE

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
CATHOLIC CHARITIES OF ONEIDA & MADISON COUNTIES 1408 GENESEE STREET UTICA, NY 13502	15-0532085	501(C)3	50,000				TECHNOLOGY PROJECT
CENTRAL ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 507 KENT STREET UTICA, NY 13501	15-0543587	501(C)3	100,000				ACQUIRE PROPERTY ADJACENT TO 507 KENT STREET FOR EXPANSION OF EMPLOYMENT & VISION REHAB
CHARITY FOR CHILDREN INC PO BOX 204 SYRACUSE, NY 13260	57-1192974	501(C)3	19,500				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
CHENANGO COUNTY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS 6160 COUNTY ROAD 32 NORWICH, NY 13815	16-1071918	501(C)3	17,000				FOR GENERAL SUPPORT
CHILDREN'S MUSEUM 311 MAIN STREET UTICA, NY 13501	16-0918936	501(C)3	7,800				EXPANDED WEEKEND HOURS TO BE OPEN ON SUNDAYS
CITY OF LITTLE FALLS 659 EAST MAIN STREET LITTLE FALLS, NY 13365	16-1143988		24,296				MORELAND PARK IMPROVEMENTS

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
CLAYVILLE LIBRARY ASSOCIATION 2265 ONEIDA STREET CLAYVILLE, NY 13322	16-1366905	501(C)3	5,500				ROOF REPLACEMENT
CLINTON ABC PROGRAM INC PO BOX 139 CLINTON, NY 13323	23-7296910	501(C)3	6,475				FOR GENERAL SUPPORT
CLINTON CENTRAL SCHOOL DISTRICT FOUNDATION TREASURER PO BOX 215 CLINTON, NY 13323	16-1413396	501(C)3	11,900				ANNUAL PAYMENT FROM CLINTON CENTRAL SCHOOL DISTRICT FOUNDATION FUNDS

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
CLUSTER 13 INC 84 MAIN STREET CAMDEN, NY 13316	16-1526328	501(C)3	42,746				ENERGY EFFICIENCY PROJECT
COMPASSION COALITION INC 509 LAFAYETTE STREET UTICA, NY 135023478	16-1579336	501(C)3	105,000				BARGAIN GROCER EXPANSION/WINTER GEAR FOR REFUGEES
CORNELL COOPERATIVE EXTENSION - ONEIDA COUNTY 121 SECOND STREET ORISKANY, NY 13424	16-6072885	501(C)3	25,000				FARM TO SCHOOL PROGRAM

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
DULHA BHAI GOPALBHAI FUND INC 223 OAK HILL ROAD HORSE HEADS, NY 14845	45-4611761	501(C)3	10,000				DONOR-ADVISED GRANT FROM RICHARD E ALEXANDER, JR FAMILY FUND FOR THE TINY SMILING FACES FOUNDATION FOR SCHOOLING
DESALES CENTER INC 731 LAFAYETTE ST UTICA, NY 13502	13-4350899	501(C)3	110,300				ADA ACCESSIBILITY PROJECT/INCLINE LIFT
DODGE PRATT NORTHERN ART & COMMUNITY CENTER INC 106 SCHUYLER ST BOONVILLE, NY 13309	16-1159220	501(C)3	20,000				SIDE PORCH REPAIRS

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

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DUNHAM PUBLIC LIBRARY 76 MAIN STREET WHITESBORO, NY 13492	15-6000490	501(C)3	50,000				PARKING LOT CONSTRUCTION
EMMAUS HOUSE 1215 KEMBLE ST UTICA, NY 13501	13-2580509	501(C)3	25,000				KITCHEN RENOVATION
ERIE CANALWAY NATIONAL HERITAGE CORRIDOR PO BOX 219 WATERFORD, NY 12188	26-0372982	501(C)3	5,000				CREATION OF HISTORIC WATER TRAIL

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 1676 SUNSET AVE UTICA, NY 13502	16-1576637	501(C)3	10,000				3D MAMMOGRAPHY TECHNOLOGY
FAXTON-ST LUKE'S HEALTHCARE FOUNDATION 1676 SUNSET AVE UTICA, NY 13502	22-3078768	501(C)3	150,000				BIPLANE ANGIOGRAPHY UNIT
FOR THE GOOD INC 1113 LINWOOD PLACE UTICA, NY 13501	16-1519985	501(C)3	20,000				2015 SUPPORT FOR STUDY BUDDY CLUB

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

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FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE INC 240 EAST ONONDAGA ST SYRACUSE, NY 13202	45-3364607	501(C)3	5,000				FOR RESTORATION OF THE CATHEDRAL
UTICA COLLEGE 1600 BURRSTONE RD UTICA, NY 13502	16-1476258		5,000				JEANNE LOUISE ULRICH ROMANO MEMORIAL SCHOLARSHIP FUND AWARDED TO FRANCESCA ZUMPANO
GLIMMERGLASS OPERA INC PO BOX 191 COOPERSTOWN, NY 13326	16-1053970	501(C)3	15,000				SENSORY-FRIENDLY PERFORMANCES FOR SPECIAL NEEDS INDIVIDUALS/ ANNUAL FUND

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

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GREATER UTICA CHAMBER OF COMMERCE 520 SENECA ST SUITE 102 UTICA, NY 13502	15-0476330	501(C)3	5,000				FURNITURE FOR EDUCATION AND MEETING SPACE
GRIFFISS INSTITUTE INC 725 DAEDALIAN DR ROME, NY 13441	03-0500249	501(C)3	25,000				EDUCATION MINI-GRANT FOR CURRICULUM FOR DRONE SUMMER CAMP AND OTHER PROGRAMS
HERKIMER AREA RESOURCE CENTER 350 SOUTH WASHINGTON ST BOX 271 HERKIMER, NY 13350	16-0973231	501(C)3	123,884				HERKIMER ACCESSIBLE REC PARK, EQ FOR DISABLED WORKERS, CL AWARD SUPPORT FOR SAFE TRANSFER/MOVEMENT PROGRAM

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
HERKIMER COUNTY HISTORICAL SOCIETY 400 NORTH MAIN ST HERKIMER, NY 13350	16-1019882	501(C)3	8,756				CONCRETE STEP REPLACEMENT/GENERAL SUPPORT
HERKIMER COUNTY HUMANE SOCIETY PO BOX 73 MOHAWK, NY 13407	16-1145993	501(C)3	19,249				GENERAL SUPPORT
HOPE HOUSE PO BOX 161 UTICA, NY 13503	22-3242715	501(C)3	105,000				NEW BUILDING PROJECT/GENERAL SUPPORT

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

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HOUSE OF THE GOOD SHEPHERD 1550 CHAMPLIN AVE UTICA, NY 13502	15-0532199	501(C)3	76,000				EMERGENCY BRIDGE FUNDING (BOYS & GIRLS CLUB) GYM EQ RENOVATIONS
HUMANE SOCIETY OF ROME PO BOX 4572 ROME, NY 13440	16-0875792	501(C)3	10,000				DONOR-ADVISED GRANT FROM STAFFWORKS CHARITABLE FUND FOR GENERAL SUPPORT
INSIGHT HOUSE 500 WHITESBORO ST UTICA, NY 13502	16-1509241	501(C)3	38,400				HELPING YOUTH THROUGH PREVENTION EDUCATION (HYPE) PROGRAM, ED RECOVERY * HEALTH

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

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JEWISH COMMUNITY FEDERATION OF THE MOHAWK VALLEY 2310 ONEIDA ST UTICA, NY 13501	15-0533576	501(C)3	24,249				EMERGENCY GRANT TO REPLACE HVAC UNIT (INSURANCE PAID FOR REPAIR SO GRANT AMENDED TO $0)
JOHNSON PARK CENTER PO BOX 160 UTICA, NY 13503	16-1498400	501(C)3	104,593				TO SUPPORT THE HEAD HAND & HEART FAMILY ENRICHMENT PROGRAM
KIDS ONEIDA 310 MAIN ST UTICA, NY 13501	16-1541078	501(C)3	85,000				POSITIVE SPACE/PHOTOVOICE PROGRAM, PROGRAM SUPPORT

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

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KIRKLAND TOWN LIBRARY 55 1/2 COLLEGE ST CLINTON, NY 13323	15-0543588	501(C)3	37,500				WINDOW REPLACEMENT
LANDMARKS SOCIETY OF GREATER UTICA 1124 STATE ST UTICA, NY 13502	16-6180764	501(C)3	32,049				THREE RUTGER PARK KITCHEN RENOVATIONS AND HEATING UNITS
LEARNING DISABILITY ASSOCIATION OF THE MOHAWK VALLEY 401 COLUMBIA ST PO BOX 210 UTICA, NY 13502	22-2402150	501(C)3	24,000				EDUCATION MINI-GRANT FOR TUTORING SCHOLARSHIPS

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

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LEATHERSTOCKING BALLET INC 2666 EDGEWOOD RD UTICA, NY 13501	16-1513186	501(C)3	5,475				ITEMS FOR NEW STUDIO
SUNY DELHI 454 DELHI DR DELHI, NY 13753	16-6064711		5,000				BARRETT WILLIAMS COOPER ENDOWMENT FUND AWARDED TO LEEANN CHESBRO
LITTLE FALLS MICRO FUND PO BOX 817 LITTLE FALLS, NY 13365	47-2242123	501(C)3	15,000				REVOLVING LOAN FUND DEVELOPMENT AND LITTLE FALLS MICRO FUND MATCHING GRANT

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

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MAC'S SAFE RIDE PO BOX 888 OLD FORGE, NY 13420	27-4156305	501(C)3	25,000				VAN PURCHASE
MADISON SQUARE BOYS & GIRLS CLUB INC 733 3RD AVE RM 200 NEW YORK, NY 10017	13-5596792	501(C)3	5,000				FOR GENERAL SUPPORT
MOHAWK VALLEY COMMUNITY ACTION AGENCY INC 9882 RIVER RD UTICA, NY 13502	16-0918009	501(C)3	31,500				GRANT FROM THE ROBERT ABLETT MEMORIAL FUND FOR MVCAA YOUTH TO ATTEND SUMMER PROGRAM

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
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DR UTICA, NY 13501	16-6071031		25,000				UNIVERSITY PARTNERSHIPS TO OFFER BACHELORS DEGREES AT MVCC
MOHAWK VALLEY COMMUNITY COLLEGE FOUNDATION 1101 SHERMAN DR UTICA, NY 13501	16-6071031	501(C)3	15,000				FOR THE M&T BANK/PARTNERS TRUST BANK CHARITABLE FUND NEW CAREER SCHOLARSHIP PROGRAM ($15,000 PER YEAR FOR THREE YEARS)
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES 309 GENESEE ST UTICA, NY 13501	16-1158764	501(C)3	35,651				CASE MANAGEMENT PROGRAM EXPANSION INCLUDING HEALTH CARE GENERAL SUPPORT

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

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NEIGHBORHOOD CENTER 624 ELIZABETH ST UTICA, NY 13501	16-1563069	501(C)3	13,800				LITERACY COALITION GRANT FOR BUS TRANSPORTATION, GENERAL SUPPORT
NICCOLLS MEMORIAL PRESBYTERIAN CHURCH 228 CROSBY BLVD OLD FORGE, NY 13420	23-6393377	501(C)3	57,300				MISSION BOUTIQUE EXPANSION
NORTH UTICA SENIOR CITIZENS RECREATION CENTER INC 50 RIVERSIDE DR UTICA, NY 13502	16-1059103	501(C)3	14,897				FITNESS CENTER EXPANSION, IMAGINATION LIBRARY START-UP

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

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NYCON - NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)3	6,000				50 PERCENT RETAINER FEE FOR PEACEMAKER/WERC PROJECT
ON POINT FOR COLLEGE 500 PLANT ST UTICA, NY 13502	16-1569356	501(C)3	10,000				FOR OPERATIONAL SUPPORT FOR THE 2015-2016 SCHOOL YEAR
ONEIDA COMMUNITY MANSION HOUSE 170 KENWOOD AVE ONEIDA, NY 13421	22-2825570	501(C)3	20,000				FOR GENERAL SUPPORT

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

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ONEIDA SQUARE PROJECT 500 PLANT ST UTICA, NY 13502	45-2904356	501(C)3	10,800				UTICA UNITED SOCCER PROGRAM
OUR LADY OF POLAND R C CHURCH 35 MAPLE ST SOUTHAMPTON, NY 11968	11-1675855	501(C)3	5,000				FOR GENERAL SUPPORT
PARKWAY CENTER 220 MEMORIAL PKWY UTICA, NY 135014631	16-1557404	501(C)3	52,010				FOR A TECHNOLOGY INFRASTRUCTURE PROJECT

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

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PLANNED PARENTHOOD MOHAWK HUDSON INC 1424 GENESEE ST UTICA, NY 13502	14-6004167	501(C)3	10,000				FOR GENERAL SUPPORT
PLANNED PARENTHOOD OF THE NORTH COUNTRY NEW YORK INC 66 BRINKERHOFF ST PLATTSBURGH, NY 12901	16-0919175	501(C)3	10,000				FOR GENERAL SUPPORT
POLAND CENTRAL SCHOOL PO BOX 8 POLAND, NY 13431	38-3921009		5,000				EDUCATION MINI-GRANT FOR AFTER SCHOOL PROGRAM

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

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PRESBYTERIAN HOME & SERVICES 4290 MIDDLE SETTLEMENT RD NEW HARTFORD, NY 13413	16-0874414	501(C)3	50,000				REHABILITATION RENOVATION PROJECT
REMSEN PERFORMING AND VISUAL ARTS CENTER INC PO BOX 9 REMSEN, NY 13438	90-0724319	501(C)3	5,000				CEILING PROJECT
RESCUE MISSION OF UTICA INC 212 RUTGER ST UTICA, NY 13501	15-0569359	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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RESOURCE CENTER FOR INDEPENDENT LIVING INC PO BOX 210 UTICA, NY 13503	22-2518284	501(C)3	9,249				FOR GENERAL SUPPORT
ROME CITY SCHOOL DISTRICT 409 BELL RD S ROME, NY 13440			10,000				HILLSIDE WORK SCHOLARSHIP 2016 COHART
ROME CLEAN AND GREEN 415 MADISON ST ROME, NY 13440	22-3188213	501(C)3	20,000				FISCAL SPONSOR FOR POSITIVELY ROME'S BIKE SHARE PROGRAM

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

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ROME COLTS POP WARNER FOOTBALL ORGANIZATION PO BOX 455 ROME, NY 13442	23-1582287	501(C)3	23,000				PRACTICE FIELD DEVELOPMENT
ROME HISTORICAL SOCIETY 200 CHURCH ST ROME, NY 13440	15-0550178	501(C)3	30,000				COPPER ROOF REPAIR
ROME HOSPITAL FOUNDATION INC 155 WEST DOMINICK ST ROME, NY 13440	16-1364515	501(C)3	10,000				FOR THE PURCHASE OF 3D BREAST TOMOSYNTHESIS EQUIPMENT

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
ROME MARINES VETERANS CENTER INC 307 ADAMS ST ROME, NY 13440	27-1601045	501(C)3	23,650				HVAC SYSTEM
ROME RESCUE MISSION 413 EAST DOMINICK ST ROME, NY 13440	26-2553258	501(C)3	5,000				FOR THE MOBILE MISSION CAMPAIGN
ROME UP & RUNNING INC 503 N GEORGE ST ROME, NY 13440	16-1586614	501(C)3	11,050				VACANT SPACE BUILD OUT TO ACCOMMODATE EVENTS, CLASSES AND ARTISTS WORK SPACE

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
SCULPTURE SPACE INC 12 GATES ST UTICA, NY 13502	22-2197162	501(C)3	10,000				FOR THE TREE OF 40 FRUIT
SPRING FARM CARES 3364 ROUTE 12 CLINTON, NY 13323	16-1388835	501(C)3	5,000				FOR GENERAL SUPPORT
ST JOSEPH & ST PATRICK'S CHURCH 702 COLUMBIA ST UTICA, NY 13502	16-0985052	501(C)3	9,000				FOR THE PURCHASE OF A DISHWASHER AT MOTHER MARIANNE'S WEST SIDE KITCHEN

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
ST LAWRENCE NYSARC FOUNDATION 6 COMMERCE LN CANTON, NY 13617	01-0604413	501(C)3	7,500				DONOR-ADVISED GRANT FROM RICHARD E ALEXANDER JR FAMILY FUND FOR THE BENEFIT OF DODGE POND
STEVENS-SWAN HUMANE SOCIETY 5664 HORATIO ST UTICA, NY 13502	15-0551485	501(C)3	51,749				REMODELING AND UPDATING DOG CAGES, GENERAL SUPPORT
SUNY POLYTECHNIC INSTITUTE FOUNDATION INC 100 SEYMOUR RD UTICA, NY 13502	23-7412413	501(C)3	5,000				COMMUNITY IMPACT AWARD FOR FIRST LEGO LEAGUE

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
TAPESTRIES OF LIFE MINISTRIES 791 FABENS ISLAND RD PO BOX 8 FABENS, TX 79838	74-2502461	501(C)3	45,500				IN SUPPORT OF THE BUILDING FUND
THE ARC ONEIDA-LEWIS CHAPTER 245 GENESEE ST UTICA, NY 13501	15-0581298	501(C)3	25,000				SEPTIC SYSTEM REPLACEMENT AT THE CHARLES B WOLKON CAMP
THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES INC 2608 GENESEE ST UTICA, NY 13502	15-6016932	501(C)3	5,200				DESIGNATED GRANT FROM THE COUPER FUND AWARDED TO THE COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES, INC BANK AND ACCOUNTING FEES

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 ROOT FARM INC 2860 KING RD SAUQUOIT, NY 13456	16-1568243	501(C)3	10,000				FOR THE LEARNING GARDEN
THE BOWMAN HOUSE 731 LAFAYETTE ST UTICA, NY 13502	16-1488620	501(C)3	15,200				2016 READING ROCKETS SUMMER PROGRAM/CHILD CARE ASSISTANCE PROGRAM
TOWN OF INLET PO BOX 179 INLET, NY 13360			9,000				TO REPAVE THE TENNIS COURTS

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
TOWN OF RUSSIA NEW YORK 8916 NORTH MAIN ST PO BOX 126 POLAND, NY 13431	15-6001123		5,000				STOVE HOOD ADDITION
UNHS NEIGHBORSWORKS HOMEOWNERSHIP CENTER 1611 GENESEE ST UTICA, NY 13501	16-1137874	501(C)3	9,500				FOR SUPPORT OF THE 2016 HOUSING PARTNERSHIP
UNITED WAY OF THE VALLEY & GREATER UTICA AREA 201 LAFAYETTE ST SUITE 201 UTICA, NY 13502	15-0532074	501(C)3	10,000				DONOR-ADVISED GRANT FROM MELE FAMILY FUND 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
UNITY HALL FOUNDATION PO BOX 393 BARNEVELD, NY 13304	16-1465500	501(C)3	15,000				ENERGY EFFICIENCY PROJECT
UPSTATE CEREBRAL PALSY 258 GENESEE ST SUITE 601 UTICA, NY 13502	15-0543657	501(C)3	15,223				POTTERY PROGRAM EXPANSION
UTICA COLLEGE 1600 BURRSTONE RD UTICA, NY 13502	16-1476258		160,150				YOUNG SCHOLARS LIBERTY PARTNERSHIPS PROGRAM DOWNTOWN CAMPUS EXPANSION

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 DOLLARS FOR SCHOLARS PO BOX 1733 UTICA, NY 13503	41-1795701	501(C)3	66,550				MATH, SCIENCE & HUMANITIES SCHOLARSHIPS
UTICA MONDAY NITE CORPORATION PO BOX 371 NEW HARTFORD, NY 13413	33-1021506	501(C)3	25,000				FISCAL SPONSOR FOR R2G LEVITT AMP UTICA CONCERT SERIES
UTICA MUNICIPAL HOUSING AUTHORITY 509 SECOND ST UTICA, NY 13501	15-6000653	501(C)3	44,763				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 ST UTICA, NY 13501	15-0618132	501(C)3	53,398				FISCAL SPONSOR FOR FENCE AND ELECTRICAL WORK FOR COMMUNITY GARDEN, RESTROOM/PLUMBING IMPROVEMENTS, SUMMER READING PROGRAM
VIEW PO BOX 1144 OLD FORGE, NY 13420	16-1001728	501(C)3	91,519				OPERATING EXPENSES, MKTG PROGRAM, MISCELLANEOUS
VILLAGE OF ILION PO BOX 270 ILION, NY 13357	15-6001322		5,000				FENCE REPLACEMENT AT DAVID P WHALEN MEMORIAL PARK

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
WANDERERS' REST HUMANE ASSOCIATION 7138 SUTHERLAND DR CANASTOTA, NY 13032	16-1191312	501(C)3	10,000				FOR GENERAL SUPPORT
WESTMORELAND SUMMER ACTIVITIES ASSOCIATION INC 5060 JENKINS RD VERNON, NY 13476	47-5639554	501(C)3	25,000				WESTMORELEAND POOL RESTORATION PROJECT
YMCA OF GREATER ROCHESTER 444 EAST MAIN ST ROCHESTER, NY 14604	16-0743242	501(C)3	50,000				FOR THE SE CAPITAL CAMPAIGN

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
YWCA OF THE MOHAWK VALLEY 1000 CORNELIA ST UTICA, NY 13502	15-0532279	501(C)3	5,000				TO SUPPORT THE SALUTE TO OUTSTANDING WOMEN PROGRAM

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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

2016

Open to Public Inspection

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

Employer identification number
15-6016932

Part I 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)	158,405	0	0	11,839	9,483	179,727	0
	(ii)	0	0	0	0	0	0	0

See Additional Data Table

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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Employer identification number
15-6016932

Part I Types of Property

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

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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

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

2016

Open to Public Inspection

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

Employer identification number
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 WH ICH THE OTHER IS ASSOCIATED AS A TRUSTEE, DIRECTOR, OFFICER, KEY EMPLOYEE, OR GREATER THAN 35% OWNER 1) EVE VAN DE WAL IS THE REGIONAL PRESIDENT OF AN ORGANIZATION ON WHICH RONAL D CUCCARO AND JUDITH SWEET ARE ADVISORY BOARD MEMBERS 2) LAURA CASAMENTO IS THE PRESIDEN T OF UTICA COLLEGE ON WHICH RONALD CURRARO IS A BOARD TRUSTEE MEMBER 3) EVE VAN DE WAL IS THE BOARD CHAIR OF MOHAWK VALLEY EDGE ON WHICH LAURA CASAMENTO, RONALD CUCCARO, ALICIA DI CKS, DAVID MANZELMANN, CATHLEEN MCCOLGIN, RICHARD TANTILLO, AND RANDALL VANWAGONER ARE MEM BERS OF THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2016

Open to Public Inspection

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

Employer identification number
15-6016932

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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) 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

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

		Yes	No
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		No
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	A	30,000	AGREEMENT
(2)COMMUNITY FOUNDATION HOLDING CORPORATION	K	30,000	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