

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2016

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

Open to Public Inspection

For calendar year 2016 or tax year beginning , and ending

Name of foundation <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>		A Employer identification number <b>22-3804398</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>726 EXCHANGE STREET</b>	Room/suite <b>518</b>	B Telephone number <b>(716) 852-3030</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14210-1485</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 114,097,938.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,614,200.	1,723,899.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,691,376.			STATEMENT 1
	b Gross sales price for all assets on line 6a <b>17,687,608.</b>				
	7 Capital gain net income (from Part IV, line 2)		2,832,836.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	107,491.	15,726.		STATEMENT 3	
12 Total. Add lines 1 through 11	3,413,067.	4,572,461.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	511,866.	0.		511,866.
	14 Other employee salaries and wages	566,786.	0.		566,786.
	15 Pension plans, employee benefits	156,542.	0.		156,542.
	16a Legal fees <b>STMT 4</b>	2,775.	0.		2,775.
	b Accounting fees <b>STMT 5</b>	19,500.	4,875.		14,625.
	c Other professional fees <b>STMT 6</b>	2,010,467.	685,854.		1,324,613.
	17 Interest				
	18 Taxes <b>STMT 7</b>	72,925.	57,126.		0.
	19 Depreciation and depletion	58,150.	0.		
	20 Occupancy	111,753.	0.		111,753.
	21 Travel, conferences, and meetings	289,649.	0.		289,649.
	22 Printing and publications	16,897.	0.		16,897.
	23 Other expenses <b>STMT 8</b>	459,632.	12,922.		459,632.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,276,942.	760,777.		3,455,138.
	25 Contributions, gifts, grants paid	2,402,578.			2,402,578.
26 Total expenses and disbursements. Add lines 24 and 25	6,679,520.	760,777.		5,857,716.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<3,266,453.>				
b Net investment income (if negative, enter -0-)		3,811,684.			
c Adjusted net income (if negative, enter -0-)			N/A		

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>	Employer identification number (EIN) or <b>22-3804398</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>726 EXCHANGE STREET, NO. 518</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BUFFALO, NY 14210-1485</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CAROL L. QUARANTILLO**

• The books are in the care of ► **726 EXCHANGE STREET, SUITE 518 - BUFFALO, NY 14210-1485**  
Telephone No. ► **716-852-3030** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ☐ ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2016** or

► ☐ tax year beginning , and ending .

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

☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>33,000.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>10,000.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>23,000.</b>

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



**HEALTH FOUNDATION FOR WESTERN &  
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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	131,303.	303,809.	303,809.
	2 Savings and temporary cash investments .....	875,997.	261,669.	261,669.
	3 Accounts receivable ▶ <u>15,404.</u>			
	Less: allowance for doubtful accounts ▶ .....	25,661.	15,404.	15,404.
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock <u>STMT 9</u> .....	20,539,639.	23,466,181.	23,466,181.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other <u>STMT 10</u> .....	90,173,353.	89,234,370.	89,234,370.	
14 Land, buildings, and equipment: basis ▶ <u>472,007.</u>				
Less: accumulated depreciation ▶ <u>259,695.</u>	235,700.	212,312.	212,312.	
15 Other assets (describe ▶ <u>STATEMENT 11</u> )	649,349.	604,193.	604,193.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	112,631,002.	114,097,938.	114,097,938.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	29,750.	19,000.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <u>STATEMENT 12</u> )	235,568.	282,093.	
	23 <b>Total liabilities</b> (add lines 17 through 22) .....	265,318.	301,093.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted .....	112,365,684.	113,796,845.	
	25 Temporarily restricted .....			
	26 Permanently restricted .....			
	<b>Foundations that do not follow SFAS 117, check here</b> ... ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds .....			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	29 Retained earnings, accumulated income, endowment, or other funds .....			
30 <b>Total net assets or fund balances</b> .....	112,365,684.	113,796,845.		
31 <b>Total liabilities and net assets/fund balances</b> .....	112,631,002.	114,097,938.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	112,365,684.
2 Enter amount from Part I, line 27a .....	2	<3,266,453.>
3 Other increases not included in line 2 (itemize) ▶ <u>UNREALIZED GAINS ON INVESTMENTS</u>	3	4,697,614.
4 Add lines 1, 2, and 3 .....	4	113,796,845.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	113,796,845.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>b NONPUBLICLY TRADED SECURITIES - TAB B</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>c PASSED THROUGH K-1S</b>	<b>P</b>	<b>VARIOUS</b>	<b>VARIOUS</b>
<b>d CAPITAL GAINS DIVIDENDS</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a 3,271,398.</b>		<b>3,067,773.</b>	<b>203,625.</b>
<b>b 13,229,483.</b>		<b>12,928,459.</b>	<b>301,024.</b>
<b>c</b>		<b>&lt;1,141,460.&gt;</b>	<b>1,141,460.</b>
<b>d 1,186,727.</b>			<b>1,186,727.</b>
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			<b>203,625.</b>
<b>b</b>			<b>301,024.</b>
<b>c</b>			<b>1,141,460.</b>
<b>d</b>			<b>1,186,727.</b>
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	<b>2,832,836.</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	<b>3</b>	<b>N/A</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	5,784,080.	115,975,430.	.049873
2014	5,856,177.	120,458,209.	.048616
2013	5,292,642.	115,780,290.	.045713
2012	4,880,700.	104,071,991.	.046897
2011	4,230,180.	99,769,245.	.042400

<b>2</b> Total of line 1, column (d)	<b>2</b>	<b>.233499</b>
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	<b>.046700</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	<b>109,897,074.</b>
<b>5</b> Multiply line 4 by line 3	<b>5</b>	<b>5,132,193.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	<b>38,117.</b>
<b>7</b> Add lines 5 and 6	<b>7</b>	<b>5,170,310.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	<b>5,892,478.</b>

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.



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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b _____		1	38,117.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	38,117.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	38,117.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	10,000.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	23,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	33,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	5,117.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	<input type="checkbox"/>	<input type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) .....	11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) .....	12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HFWCNY.ORG</u>	13	X
14 The books are in care of ► <u>CAROL L. QUARANTILLO</u> Telephone no. ► <u>716-852-3030</u> Located at ► <u>726 EXCHANGE STREET, SUITE 518, BUFFALO, NY</u> ZIP+4 ► <u>14210-1485</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ..... and enter the amount of tax-exempt interest received or accrued during the year ..... ► 15 N/A		
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ►	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? .....	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► , , , b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► , , ,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016? .....	4b	X

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**HEALTH FOUNDATION FOR WESTERN &  
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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☒ Yes ☐ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No

Organizations relying on a current notice regarding disaster assistance check here ☐

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870.

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		431,099.	80,767.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KARA WILLIAMS - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	SENIOR PROGRAM OFFICER 40.00	92,807.	13,628.	0.
MONICA BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	89,625.	12,653.	0.
KATHERINE MCLAUGHLIN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	DIRECTOR OF COMMUNICATIONS 40.00	80,861.	8,045.	0.
STEVEN COPPS - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	OFFICE/EVENTS MANAGER 40.00	46,478.	11,503.	0.
CORALIE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	GRANTS MANAGER 40.00	53,737.	3,554.	0.
Total number of other employees paid over \$50,000 <input type="checkbox"/>				0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CATALYST RESEARCH LLC 25 BLOOMFIELD AVE, DEPEW, NY 14043	CONSULTANT FEES	109,427.
VIRGINIA OEHLER 305 LAKEFRONT BLVD, BUFFALO, NY 14202	CONSULTANT FEES	96,000.
VISCERAL, LLC 1355 6TH AVENUE, SAN DIEGO, CA 92101	CONSULTANT FEES	94,737.
LD PULLANO RESOURCES, LLC 3814 WINDOVER DR, HAMBURG, NY 14075	CONSULTANT FEES	88,641.
THE RED GROUP, LLC PO BOX 35150, SYRACUSE, NY 13235	CONSULTANT FEES	59,750.
Total number of others receiving over \$50,000 for professional services		0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 14	533,771.
2 SEE STATEMENT 15	259,050.
3 SEE STATEMENT 16	162,493.
4 SEE STATEMENT 17	134,124.

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	110,707,508.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	863,125.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	111,570,633.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	111,570,633.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	1,673,559.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	109,897,074.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	5,494,854.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	5,494,854.
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	38,117.
<b>b</b>	Income tax for 2016. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	38,117.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	5,456,737.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	183,446.
<b>5</b>	Add lines 3 and 4	<b>5</b>	5,640,183.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	5,640,183.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	5,857,716.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	34,762.
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	5,892,478.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	38,117.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	5,854,361.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7 .....				5,640,183.
<b>2</b> Undistributed income, if any, as of the end of 2016:				
<b>a</b> Enter amount for 2015 only .....			5,675,882.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2016:				
<b>a</b> From 2011 .....				
<b>b</b> From 2012 .....				
<b>c</b> From 2013 .....				
<b>d</b> From 2014 .....				
<b>e</b> From 2015 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4: ► \$ <u>5,892,478.</u>				
<b>a</b> Applied to 2015, but not more than line 2a ...			5,675,882.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2016 distributable amount .....				216,596.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 .....				5,423,587.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....	0.			
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2012 .....				
<b>b</b> Excess from 2013 .....				
<b>c</b> Excess from 2014 .....				
<b>d</b> Excess from 2015 .....				
<b>e</b> Excess from 2016 .....				



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**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) **N/A**

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

**SEE STATEMENT 18**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SEE ATTACHMENT - TAB D				2,402,578.
<b>Total</b>			<b>3a</b>	2,402,578.
<b>b Approved for future payment</b>				
SEE ATTACHMENT - TAB E				915,492.
<b>Total</b>			<b>3b</b>	915,492.

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**Part XVI-A      Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	1,614,200.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....			18	15,726.	
8 Gain or (loss) from sales of assets other than inventory .....			18	1,691,376.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a <b>RETURNED GRANT FUNDS</b> .....					91,765.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		3,321,302.	91,765.
13 Total. Add line 12, columns (b), (d), and (e) .....					3,413,067.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash .....	<b>1a(1)</b>	<input checked="" type="checkbox"/>
	(2) Other assets .....	<b>1a(2)</b>	<input checked="" type="checkbox"/>
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization .....	<b>1b(1)</b>	<input checked="" type="checkbox"/>
	(2) Purchases of assets from a noncharitable exempt organization .....	<b>1b(2)</b>	<input checked="" type="checkbox"/>
	(3) Rental of facilities, equipment, or other assets .....	<b>1b(3)</b>	<input checked="" type="checkbox"/>
	(4) Reimbursement arrangements .....	<b>1b(4)</b>	<input checked="" type="checkbox"/>
	(5) Loans or loan guarantees .....	<b>1b(5)</b>	<input checked="" type="checkbox"/>
	(6) Performance of services or membership or fundraising solicitations .....	<b>1b(6)</b>	<input checked="" type="checkbox"/>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....	<b>1c</b>	<input checked="" type="checkbox"/>
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr.)?

☒ Yes    ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Preparer's signature

Date
------

Check ☐ if  
self-employed

PTIN

MICHAEL J. GRIMALDI

Handwritten signature: *W. J. King*

11/8/17

P01295846

Firm's name ► LUMSDEN & MCCORMICK, LLP

Firm's EIN ► 16-0765486

Firm's address ► 369 FRANKLIN STREET  
BUFFALO, NY 14202

Phone no. (716) 856-3300

Form **990-PF** (2016)



HEALTH FOUNDATION FOR WESTERN &  
CENTRAL NEW YORK 22-3804398  
**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
CATHY J BERRY, MD, PC 101 PINE STREET SYRACUSE, NY 13210		25,000.	04/20/15	25,000.	
Purpose of Grant MIDWIFERY SERVICES FOR LOW-INCOME WOMEN IN WESTERN AND CENTRAL NEW YORK					
Date of Reports by Grantee		Diversions by Grantee			
9/17/2015; 3/23/16; 11/18/16					
Results of Verification					

Recipient's Name and Address	NO. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
WOMEN'S HEALTH OF WESTERN NEW YORK 130 S UNION STREET #7 OLEAN, NY 14760		25,000.	11/24/15	3,879.	
Purpose of Grant MIDWIFERY SERVICES FOR LOW-INCOME WOMEN IN WESTERN AND CENTRAL NEW YORK					
Date of Reports by Grantee		Diversions by Grantee			
FIRST REPORT DUE 3/31/17					
Results of Verification					

HEALTH FOUNDATION FOR WESTERN &  
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**Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement**

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
<b>NO. 3</b>  WECGOD, LLC 107 MARIGOLD AVENUE BUFFALO, NY 14215	2,400.	11/01/16	2,400.	
Purpose of Grant DISTRIBUTION OF HEALTHY FOOD TO THE UNDERSERVED CHILDREN IN THEIR DAYCARE CENTER				
Date of Reports by Grantee		Diversions by Grantee		
FIRST REPORT DUE 3/31/17				
Results of Verification				

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
Purpose of Grant				
Date of Reports by Grantee		Diversions by Grantee		
Results of Verification				



## Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

2016

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).Name **HEALTH FOUNDATION FOR WESTERN &  
CENTRAL NEW YORK**Employer identification number  
**22-3804398**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions)	1	38,117.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty	3	38,117.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b>	4	97,067.
5	Required annual payment. Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	38,117.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☒ The corporation is using the annualized income installment method.
- 8 ☒ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	05/15/16	06/15/16	09/15/16	12/15/16
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	2,473.	2,473.	1,573.	3,307.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions	10,000.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column		7,527.	5,054.	3,481.
13 Add lines 11 and 12		7,527.	5,054.	3,481.
14 Add amounts on lines 16 and 17 of the preceding column				
15 Subtract line 14 from line 13. If zero or less, enter -0-	10,000.	7,527.	5,054.	3,481.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	7,527.	5,054.	3,481.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2016)

**Part IV** Figuring the Penalty

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2016 and before 7/1/2016	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 4\% (0.04)$	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2016 and before 10/1/2016	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 4\% (0.04)$	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 4\% (0.04)$	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2016 and before 4/1/2017	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2017 and before 7/1/2017	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2017 and before 3/16/2018	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	<b>38</b>	\$		0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2016)



**Schedule A** Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

**Form 1120S filers:** For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

**Part I** Adjusted Seasonal Installment Method

**Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.  
See instructions.

	(a)	(b)	(c)	(d)
	First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods:				
<b>a</b> Tax year beginning in 2013 .....	<b>1a</b>			
<b>b</b> Tax year beginning in 2014 .....	<b>1b</b>			
<b>c</b> Tax year beginning in 2015 .....	<b>1c</b>			
<b>2</b> Enter taxable income for each period for the tax year beginning in 2016. See the instructions for the treatment of extraordinary items	<b>2</b>			
<b>3</b> Enter taxable income for the following periods:	First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2013 .....	<b>3a</b>			
<b>b</b> Tax year beginning in 2014 .....	<b>3b</b>			
<b>c</b> Tax year beginning in 2015 .....	<b>3c</b>			
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a	<b>4</b>			
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b	<b>5</b>			
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c	<b>6</b>			
<b>7</b> Add lines 4 through 6	<b>7</b>			
<b>8</b> Divide line 7 by 3.0	<b>8</b>			
<b>9a</b> Divide line 2 by line 8	<b>9a</b>			
<b>b</b> Extraordinary items (see instructions)	<b>9b</b>			
<b>c</b> Add lines 9a and 9b	<b>9c</b>			
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2 or comparable line of corp's return	<b>10</b>			
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	<b>11a</b>			
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	<b>11b</b>			
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	<b>11c</b>			
<b>12</b> Add lines 11a through 11c	<b>12</b>			
<b>13</b> Divide line 12 by 3.0	<b>13</b>			
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	<b>14</b>			
<b>15</b> Enter any alternative minimum tax for each payment period. See instructions	<b>15</b>			
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>			
<b>17</b> Add lines 14 through 16	<b>17</b>			
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	<b>18</b>			
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	<b>19</b>			

**Part II** **Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20 Annualization periods (see instructions)	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	164,871.	247,306.	434,612.	736,917.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22	23a	989,226.	989,224.	869,224.	982,554.
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	989,226.	989,224.	869,224.	982,554.
24 Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	24	9,892.	9,892.	8,692.	9,826.
25 Enter any alternative minimum tax for each payment period (see instructions)	25				
26 Enter any other taxes for each payment period. See instr.	26				
27 Total tax. Add lines 24 through 26	27	9,892.	9,892.	8,692.	9,826.
28 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28				
29 Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	9,892.	9,892.	8,692.	9,826.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	2,473.	4,946.	6,519.	9,826.

**Part III** **Required Installments**

<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment
32 If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	32	2,473.	4,946.	6,519.	9,826.
33 Add the amounts in all preceding columns of line 38. See instructions	33		2,473.	4,946.	6,519.
34 <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-	34	2,473.	2,473.	1,573.	3,307.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	35	9,529.	9,530.	9,529.	9,529.
36 Subtract line 38 of the preceding column from line 37 of the preceding column	36		7,056.	14,113.	22,069.
37 Add lines 35 and 36	37	9,529.	16,586.	23,642.	31,598.
38 <b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	2,473.	2,473.	1,573.	3,307.

Form 2220 (2016)

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION



FORM 990-PF	GAIN OR (LOSS) FROM SALE OF ASSETS	STATEMENT	1
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(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED PURCHASED	(F) DATE ACQUIRED VARIOUS	DATE SOLD VARIOUS
PUBLICLY TRADED SECURITIES	3,271,398.	3,067,773.	0.	0.	203,625.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED PURCHASED	(F) DATE ACQUIRED VARIOUS	DATE SOLD VARIOUS
NONPUBLICLY TRADED SECURITIES - TAB B	13,229,483.	12,928,459.	0.	0.	301,024.	

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) MANNER ACQUIRED PURCHASED	(F) DATE ACQUIRED VARIOUS	DATE SOLD VARIOUS
PASSED THROUGH K-1S	0.	0.	0.	0.	0.	

CAPITAL GAINS DIVIDENDS FROM PART IV	1,186,727.
TOTAL TO FORM 990-PF, PART I, LINE 6A	1,691,376.

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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	2
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NONPUBLICLY TRADED INVESTMENTS	829,681.	0.	829,681.	829,681.	
PUBLICLY TRADED INVESTMENTS	784,519.	0.	784,519.	894,218.	
PUBLICLY TRADED INVESTMENTS	1,186,727.	1,186,727.	0.	0.	
TO PART I, LINE 4	2,800,927.	1,186,727.	1,614,200.	1,723,899.	

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FORM 990-PF	OTHER INCOME	STATEMENT	3
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - PRI	15,726.	15,726.	
RETURNED GRANT FUNDS	91,765.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	107,491.	15,726.	

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FORM 990-PF	LEGAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,775.	0.		2,775.
TO FM 990-PF, PG 1, LN 16A	2,775.	0.		2,775.



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FORM 990-PF	ACCOUNTING FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	19,500.	4,875.		14,625.
TO FORM 990-PF, PG 1, LN 16B	19,500.	4,875.		14,625.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	685,854.	685,854.		0.
EVALUATION CONSULTANTS	708,323.	0.		708,323.
PROGRAM CONSULTANTS	616,290.	0.		616,290.
TO FORM 990-PF, PG 1, LN 16C	2,010,467.	685,854.		1,324,613.

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FORM 990-PF	TAXES	STATEMENT	7
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	72,925.	0.		0.
PASSED THROUGH K-1	0.	57,126.		0.
TO FORM 990-PF, PG 1, LN 18	72,925.	57,126.		0.

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FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE/ELECTRONIC COMMUNICATION	168,489.	0.		168,489.	
OFFICE EXPENSE	181,941.	0.		181,941.	
INSURANCE	5,200.	0.		5,200.	
SPONSORED EVENTS	61,079.	0.		61,079.	
MAINTENANCE EXPENSE	28,622.	0.		28,622.	
MISCELLANEOUS EXPENSE	7,426.	0.		7,426.	
NYS FILING FEES	1,500.	0.		1,500.	
MEMBERSHIP DUES	5,375.	0.		5,375.	
PASSED THROUGH K-1	0.	12,922.		0.	
TO FORM 990-PF, PG 1, LN 23	459,632.	12,922.		459,632.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
CORPORATE STOCK-SEE TAB A	23,466,181.	23,466,181.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	23,466,181.	23,466,181.		

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
PARTNERSHIPS AND COMMON TRUST FUNDS -SEE TAB A	FMV	79,899,849.	79,899,849.	
FIXED INCOME-SEE TAB A	FMV	9,334,521.	9,334,521.	
TOTAL TO FORM 990-PF, PART II, LINE 13		89,234,370.	89,234,370.	



FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION	235,568.	282,093.	282,093.
PROGRAM RELATED INVESTMENT	413,781.	322,100.	322,100.
TO FORM 990-PF, PART II, LINE 15	649,349.	604,193.	604,193.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	12
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DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED COMPENSATION LIABILITY	235,568.	282,093.
TOTAL TO FORM 990-PF, PART II, LINE 22	235,568.	282,093.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MELVA D. VISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
DENISE DUNFORD, DNS, FNP, RN 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CARRIE B. FRANK 726 EXCHANGE STREET, SUITE 518 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
VINCENT J. MANCUSO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 4.00	0.	0.	0.
ARTHUR R. GOSHIN, MD, MPH 726 EXCHANGE STREET, SUITE 518 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.

EUGENE MEEKS 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
RAYMOND R. D'AGOSTINO 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
ANN ZIEGLER SEDORE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
C. ANTHONY RIDER, CPA 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 8.00	0.	0.	0.
CHERYL SMITH FISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JOANNE E. HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
PATRICIA J. NUMANN, MD 727 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
DAVID A. MILLING, MD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ANN F. MONROE 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	238,702.	57,134.	0.
MICHAEL D. SHAFFER, CPA 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LISA D. ALFORD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LEOLA RODGERS, MPH 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LEANNE F. FISCOE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.



JOSEPH J. COZZO, MA, MS, LMHC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	BOARD CHAIR 4.00	0.	0.	0.
DAVID FELTON 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
AMBER SLICHTA 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT (THRU 6/30/16) 40.00	85,531.	9,456.	0.
CAROL QUARANTILLO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT OF FINANCE AND OPS. 40.00	106,866.	14,177.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		431,099.	80,767.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	14
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## ACTIVITY ONE

FELLOWS - A PROGRAM DESIGNED TO EXPAND A NETWORK OF SKILLED LEADERS THAT WILL LEARN TO LEAD COLLABORATIVELY FROM BOTH WITHIN AND OUTSIDE OF THEIR ORGANIZATIONS AND BECOME ADVOCATES FOR IMPROVED HEALTH CARE DELIVERY PARTICULARLY FOR THE FRAIL ELDERLY AND CHILDREN LIVING IN COMMUNITIES OF POVERTY.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

533,771.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	15
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## ACTIVITY TWO

PEDALS PROJECT - THE POSITIVE EMOTIONAL DEVELOPMENT AND LEARNING SKILLS PROGRAM (PEDALS) WORKS WITH PRESCHOOL PROVIDERS TO (1) BUILD KIDS SOCIAL EMOTIONAL SKILLS, INCREASING KINDERGARTEN READINESS, (2) IDENTIFY THOSE CHILDREN WITH SOCIAL EMOTIONAL NEEDS, MAKE ACCOMMODATIONS FOR THOSE CHILDREN IN THE CLASSROOM, AND ENSURE THEY, AND THEIR FAMILIES, ARE CONNECTED TO APPROPRIATE SUPPORTS, (3)

INCREASE TEACHERS SKILLS IN SUPPORTING SOCIAL EMOTIONAL  
DEVELOPMENT AND ADDRESSING PROBLEM BEHAVIORS.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

259,050.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	16
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## ACTIVITY THREE

AGING BY DESIGN - A PROGRAM TO IMPROVE THE HEALTH OF  
VULNERABLE OLDER ADULTS THAT USES A PROCESS CALLED DESIGN  
THINKING. DESIGN THINKING IS AN APPROACH TO PROBLEM SOLVING  
THAT PUTS THE NEEDS OF PEOPLE EXPERIENCING A PROBLEM AT THE  
CORE. IT PROVIDES A TOOLKIT FOR DEEPLY UNDERSTANDING  
PEOPLE'S NEEDS AND EXPERIENCES, GENERATING IDEAS TO MEET  
THOSE NEEDS, AND THEN IMPLEMENTING INNOVATIVE AND PRACTICAL  
SOLUTIONS

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

162,493.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	17
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## ACTIVITY FOUR

READY OR NOT - THIS PROGRAM IS DESIGNED TO PROVIDE  
ORGANIZATIONS WITH FINANCIAL AND EXPERT ASSISTANCE THAT WILL  
HELP THEM BECOME STRATEGIC INSTEAD OF REACTIVE, AND GIVE  
THEM THE TIME AND BREATHING SPACE TO POSITION THEMSELVES FOR  
FUTURE SUCCESS. SELECTED ORGANIZATIONS WILL FOCUS ON  
IMPROVING THEIR ORGANIZATIONAL CAPACITY IN ORDER TO  
STRENGTHEN THE CORE OF THE ORGANIZATION. AS A RESULT, THE  
FOUNDATION BELIEVES THIS WILL ENABLE THEM TO BETTER PROVIDE  
EFFECTIVE PROGRAMS AND SUPPORTS TO THOSE THEY SERVE, AND IN  
THE LONG TERM, ULTIMATELY IMPROVE HEALTH OUTCOMES FOR  
CHILDREN IN POVERTY AND/OR FRAIL ELDERS.

## EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

134,124.



FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 18

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

NORA OBRIEN-SURIC  
726 EXCHANGE STREET, SUITE 518  
BUFFALO, NY 14210

---

TELEPHONE NUMBER

---

(716)852-3030

---

FORM AND CONTENT OF APPLICATIONS

---

NO SET FORM

---

ANY SUBMISSION DEADLINES

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SUBMISSION DEADLINES VARY BASED ON THE PROJECT. SEE FOUNDATION WEBSITE AT  
WWW.HFWCNY.ORG FOR ADDITIONAL INFORMATION

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RESTRICTIONS AND LIMITATIONS ON AWARDS

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THE FOUNDATION PROVIDES GRANTS FOR THE PURPOSE OF IMPROVING THE HEALTH AND  
HEALTH CARE ACROSS WESTERN AND CENTRAL NEW YORK WITH A SPECIAL FOCUS ON  
YOUNG CHILDREN, OLDER ADULTS, AND THE SYSTEMS SERVING THEM. (SEE THE  
FOUNDATION'S WEBSITE AT WWW.HFWCNY.ORG FOR ADDITIONAL INFORMATION)

## HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK

EIN: 22-3804398

DECEMBER 31, 2016

TAB A

CORPORATE STOCK (EQUITY)

	Book Value	Market Value
	\$	\$
Allergan Inc	124,326	124,326
Alliance Data Systems Corp	135,043	135,043
Alphabet Inc Cl A	117,283	117,283
Amazon.com Inc	225,711	225,711
American Tower Corp Cl A	134,530	134,530
Celgene Corp	245,737	245,737
Charles Schwab Corp	164,748	164,748
CME Group Inc	145,802	145,802
Cognizant Technology Solutions Corp	180,473	180,473
Ecolab Inc	83,109	83,109
Equinix Inc	130,812	130,812
Facebook Inc - A	167,743	167,743
Harbor Intl Instl	5,607,302	5,607,302
HIS Markit Ltd	123,616	123,616
Illumina Inc	190,908	190,908
Intuitive Surgical Inc	91,320	91,320
Netflix.com Inc.	107,335	107,335
Nike Inc Cl B	127,837	127,837
NVIDIA Corp Com	117,201	117,201
Parametric Emerg Mkts	3,650,400	3,650,400
Paypal Holdings Inc.	159,617	159,617
Priceline.com Incorporated	186,190	186,190
S&P Global Inc.	148,298	148,298
Vanguard Emg Markets Index	3,868,375	3,868,375
Vanguard Total Intl Stock	7,019,939	7,019,939
Visa Inc	212,526	212,526
	<u>\$ 23,466,181</u>	<u>\$ 23,466,181</u>
	STATEMENT 9	STATEMENT 9

PARTNERSHIPS AND COMMON TRUST FUNDS

	Book Value	Market Value
	\$	\$
AEW Global Property Securities Fund	6,178,143	6,178,143
Drake	14,045,504	14,045,504
Forester Diversified Ltd	10,891,678	10,891,678
RCP Fund XI	5,394	5,394
Silchester Intl Investors Tobacco Free	14,822,779	14,822,779
SSgA S&P 500 Tobacco Free Index	21,354,412	21,354,412
SSgA Global Large Mid Cap	5,156,288	5,156,288
SSgA S&P Midcap Index - Non Lending 400	7,445,651	7,445,651
	<u>\$ 79,899,849</u>	<u>\$ 79,899,849</u>
	STATEMENT 10	STATEMENT 10

FIXED INCOME

	Book Value	Market Value
	\$	
T Rowe Price	5,557,426	5,557,426
Vanguard Intermediate	1,982,218	1,982,218
Collateral - Vanguard	1,794,877	1,794,877
	<u>\$ 9,334,521</u>	<u>\$ 9,334,521</u>
	STATEMENT 10	STATEMENT 10

## HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK

EIN: 22-3804398

DECEMBER 31, 2016

TAB B - PART IV, LINE 1b

<u>Nonpublicly Traded Securities</u>	Part IV, Line 1b Column ( e )	Part IV, Line 1b Column ( g )	Part IV, Line 1b Column ( h )
Sale of SSgA 500 Index	1,000,000	983,871	16,129
Sale of Forester	4,500,000	4,337,202	162,798
Sale of Drake	2,000,000	1,717,684	282,316
Sale of SSgA Custom Real Asset	20,000	26,238	(6,238)
Sale of SSgA Midcap 400 NL	4,837	2,223	2,614
Sale of Colchester Global Investors, Inc.	5,704,646	5,861,241	(156,595)
Total net gain from sale of assets:	<u>13,229,483</u>	<u>12,928,459</u>	<u>301,024</u>



Asset No. Asset ID	Description Class	Depr. Basis		Disposal Price		Accum. Depr.	
		In Service Date	Disposal Date	Disposal Date	Last Depr. Date	Book Value	
Equipment							
55	Video Conferencing Equipment - Buffalo Equipment	\$47,194.18		\$0.00	\$47,194.18	\$0.00	
55		4/8/2011			3/31/2016		
66	Computers Equipment	\$2,215.49		\$0.00	\$2,030.87	\$184.62	
66		5/22/2012			12/31/2016		
69	Monitors and Projector Equipment	\$1,518.12		\$0.00	\$1,315.70	\$202.42	
69		8/22/2012			12/31/2016		
73	Blackbaud Implementation Equipment	\$1,750.00		\$0.00	\$1,458.34	\$291.66	
73		11/15/2012			12/31/2016		
74	Blackbaud Implementation Equipment	\$4,153.24		\$0.00	\$3,699.46	\$453.78	
74		12/15/2012			12/31/2016		
75	RE/FE Software Equipment	\$45,453.00		\$0.00	\$25,973.15	\$19,479.85	
75		1/1/2013			12/31/2016		
76	GE Software Equipment	\$42,545.00		\$0.00	\$24,311.44	\$18,233.56	
76		1/1/2013			12/31/2016		
77	Apple MacBook Air Equipment	\$1,492.00		\$0.00	\$1,492.00	\$0.00	
77		1/1/2013			12/31/2015		
78	MacBook Software Equipment	\$231.62		\$0.00	\$185.30	\$46.32	
78		1/1/2013			12/31/2016		
79	GE Implementation Equipment	\$3,555.00		\$0.00	\$2,031.44	\$1,523.56	
79		1/1/2013			12/31/2016		
80	HP ProBook Equipment	\$714.00		\$0.00	\$571.20	\$142.80	
80		5/2/2013			12/31/2016		
81	Blackbaud Implementation Equipment	\$3,060.00		\$0.00	\$2,142.00	\$918.00	
81		5/31/2013			12/31/2016		
83	Polycom - Syracuse Equipment	\$958.61		\$0.00	\$958.61	\$0.00	
83		8/1/2013			6/30/2016		
84	Polycom - Buffalo Equipment	\$1,457.39		\$0.00	\$1,457.39	\$0.00	
84		8/1/2013			6/30/2016		
85	Dell Server Equipment	\$4,903.39		\$0.00	\$4,903.39	\$0.00	
85		8/1/2013			7/31/2016		

## HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

## TAB C

86	Dell Sonic Wall	\$1,098.95	\$0.00	\$769.27	\$329.68
86	Equipment	8/1/2013		12/31/2016	
87	hp pRO bOOK	\$837.00	\$0.00	\$837.00	\$0.00
87	Equipment	9/1/2013		6/30/2016	
88	HP Laptop/Docking station	\$1,068.00	\$0.00	\$1,068.00	\$0.00
88	Equipment	1/10/2014		12/31/2016	
89	HP ProBook 4540s	\$825.00	\$0.00	\$825.00	\$0.00
89	Equipment	1/27/2014		12/31/2016	
90	Targus Docking Station and Adapter	\$243.00	\$0.00	\$243.00	\$0.00
90	Equipment	1/27/2014		12/31/2016	
91	Personal Computer - Office Manager	\$619.00	\$0.00	\$515.83	\$103.17
91	Equipment	3/11/2014		12/31/2016	
92	Computer Monitors - 6	\$587.18	\$0.00	\$489.32	\$97.86
92	Equipment	3/26/2014		12/31/2016	
95	HP ProBook G1	\$774.00	\$0.00	\$602.00	\$172.00
95	Equipment	9/5/2014		12/31/2016	
96	Terminal Server	\$6,615.40	\$0.00	\$4,961.55	\$1,653.85
96	Equipment	10/17/2014		12/31/2016	
97	Syracuse Laptop	\$728.00	\$0.00	\$485.34	\$242.66
97	Equipment	12/22/2014		12/31/2016	
98	Replacement UPS	\$950.00	\$0.00	\$633.34	\$316.66
98	Equipment	12/23/2014		12/31/2016	
99	Computer and two monitors	\$1,077.00	\$0.00	\$430.80	\$646.20
99	Equipment	1/14/2015		12/31/2016	
101	Computer - Presidents office	\$770.00	\$0.00	\$240.99	\$529.01
101	Equipment	5/1/2015		11/30/2016	
102	Logitech HD Pro Webcams	\$783.42	\$0.00	\$587.57	\$195.85
102	Equipment	7/1/2015		12/31/2016	
103	HP ProBook 665	\$845.00	\$0.00	\$375.56	\$469.44
103	Equipment	9/1/2015		12/31/2016	
104	HP ProBook 655	\$845.00	\$0.00	\$375.56	\$469.44
104	Equipment	9/1/2015		12/31/2016	
105	HP 2012 90W Docking Station	\$245.00	\$0.00	\$108.89	\$136.11
105	Equipment	9/1/2015		12/31/2016	

## HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

## TAB C

106	HP 2012 90W Docking Station	\$245.00	\$0.00	\$108.89	\$136.11
106	Equipment	9/1/2015		12/31/2016	
110	HP ProBook 655 G1 15.6" Notebook	\$834.00	\$0.00	\$111.20	\$722.80
110	Equipment	5/1/2016		12/31/2016	
111	HP 2012 230 W Docking Station	\$235.50	\$0.00	\$23.55	\$211.95
111	Equipment	5/31/2016		12/31/2016	
113	Network Switch's for Zultys phone system	\$1,682.79	\$0.00	\$336.56	\$1,346.23
113	Equipment	7/13/2016		12/31/2016	
114	ZULTYS Voip Phone System	\$23,863.00	\$0.00	\$1,193.15	\$22,669.85
114	Equipment	7/20/2016		12/31/2016	
115	HP ProBook 450 G3 15.6" touchscreen notebook	\$865.34	\$0.00	\$120.19	\$745.15
115	Equipment	8/15/2016		12/31/2016	
116	Laptop and Docking station	\$1,030.27	\$0.00	\$143.09	\$887.18
116	Equipment	8/1/2016		12/31/2016	
<i>Totals for Equipment:</i>		\$208,867.89	\$0.00	\$135,310.12	\$73,557.77

## Furniture &amp; Fixtures

112	Locking Bookcase	\$258.06	\$0.00	\$25.81	\$232.25
112	Furniture & Fixtures	5/1/2016		12/31/2016	
108	Syracuse Office Furniture	\$9,167.07	\$0.00	\$1,418.71	\$7,748.36
108	Furniture & Fixtures	12/8/2015		12/31/2016	
94	Buffalo Office Furniture	\$23,720.82	\$0.00	\$5,732.53	\$17,988.29
94	Furniture & Fixtures	8/1/2014		12/31/2016	
118	Five drawer file cabinet	\$1,053.00	\$0.00	\$37.61	\$1,015.39
118	Furniture & Fixtures	10/14/2016		12/31/2016	
82	President's office guest chairs	\$1,075.00	\$0.00	\$734.58	\$340.42
82	Furniture & Fixtures	8/12/2013		12/31/2016	
70	Furniture	\$830.46	\$0.00	\$719.73	\$110.73
70	Furniture & Fixtures	8/22/2012		12/31/2016	
50	Office Furniture - Buffalo	\$8,832.62	\$0.00	\$7,602.37	\$1,230.25
50	Furniture & Fixtures	12/21/2010		12/31/2016	



## HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

## TAB C

72	Ergonomis project Furniture & Fixtures	\$253.20 9/17/2012	\$0.00	\$215.22 12/31/2016	\$37.98
72					
67	Ergonomic Chairs & office Furniture Furniture & Fixtures	\$6,264.06 7/16/2012	\$0.00	\$5,546.54 12/31/2016	\$717.52
67					
43	8 Chairs (Knoll) Furniture & Fixtures	\$3,556.96 6/2/2010	\$0.00	\$3,347.23 12/31/2016	\$209.73
43					
44	4 Rectangular Tables Furniture & Fixtures	\$777.40 6/2/2010	\$0.00	\$731.56 12/31/2016	\$45.84
44					
28	FURNITURE-(2)4DR LATERAL FILES Furniture & Fixtures	\$734.40 11/6/2002	\$0.00	\$734.40 12/31/2012	\$0.00
28					
29	FILE CABINET Furniture & Fixtures	\$579.60 4/8/2003	\$0.00	\$579.60 12/31/2012	\$0.00
29					
30	BOOKCASES Furniture & Fixtures	\$366.00 8/1/2003	\$0.00	\$366.00 12/31/2012	\$0.00
30					
36	SOS 2 CREDENZAS Furniture & Fixtures	\$510.84 6/1/2007	\$0.00	\$510.84 12/31/2013	\$0.00
36					
37	MILLINGTON OFFICE FURNITURE Furniture & Fixtures	\$898.84 6/1/2007	\$0.00	\$898.84 12/31/2013	\$0.00
37					
38	RICOH AFICIO COPIER/PRINTER/SCAN/FI Furniture & Fixtures	\$7,511.00 11/28/2007	\$0.00	\$7,511.00 12/31/2012	\$0.00
38					
39	FILE CABINET & TOP ANN'S OFFICE Furniture & Fixtures	\$940.62 4/23/2008	\$0.00	\$940.62 4/30/2015	\$0.00
39					
		<i>Totals for Furniture &amp; Fixtures:</i>	\$0.00	\$37,653.19	\$29,676.76

## Leasehold Improvements

41	LEASEHOLD IMPROVEMENTS-LARKIN Leasehold Improvements	\$12,426.80 3/29/2007	\$0.00	\$12,426.80 12/31/2012	\$0.00
41					
48	Syracuse Improvement Leasehold Improvements	\$20,000.00 12/20/2010	\$0.00	\$10,945.06 12/31/2016	\$9,054.94
48					
49	Buffalo Improvements Leasehold Improvements	\$56,565.50 12/20/2010	\$0.00	\$30,955.62 12/31/2016	\$25,609.88
49					
65	Video conference upgrade Leasehold Improvements	\$7,104.72 5/31/2012	\$0.00	\$6,512.66 12/31/2016	\$592.06
65					

## HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB C

68	Video 190 - Upgrade to Conference Room	\$467.00	\$0.00	\$420.30	\$46.70
68	Leasehold Improvements	7/2/2012		12/31/2016	
71	Sign in Front Office	\$3,150.00	\$0.00	\$2,730.00	\$420.00
71	Leasehold Improvements	9/14/2012		12/31/2016	
109	LCo Buffalo Office Painting	\$1,260.00	\$0.00	\$252.00	\$1,008.00
109	Leasehold Improvements	1/1/2016		12/31/2016	
117	HFWCNY Hall Sign	\$1,005.00	\$0.00	\$111.67	\$893.33
117	Leasehold Improvements	9/14/2016		12/31/2016	
107	Office Art Project	\$11,352.73	\$0.00	\$2,424.26	\$8,928.47
107	Leasehold Improvements	12/31/2015		12/31/2016	
93	Buffalo Office Expansion 2014	\$82,478.00	\$0.00	\$20,619.50	\$61,858.50
93	Leasehold Improvements	7/15/2014		12/31/2016	
<i>Totals for Leasehold Improvements:</i>		\$195,809.75	\$0.00	\$87,397.87	\$108,411.88
		\$472,007	\$0.00	\$259,695	\$212,312

## HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB D

## Grants Paid

Name	Address	City	State	Zip	Value	Purpose	Amount
Accessnry Inc.	1603 Court Street	Syracuse	NY	13208	501c3	PEDALS CNY	\$4,250.00
Allegany Rehabilitation Associates, Inc.	4222 Bolivar Road	Wellsville	NY	14895	501c3	Allegany Rehabilitation Associates TST Project	\$52,000.00
Alzheimers Disease and Related Disorders Association	441 W Kirkpatrick Street	Syracuse	NY	13204	501c3	Ready or Not-CNY-Cohort 2	\$10,000.00
Adent Solutions, Inc.	85 North Main Street, Suite 4	Wellsville	NY	14895	501c3	End of Life Planning Project- AmeriCorps	\$500.00
Adent Solutions, Inc.	85 North Main Street, Suite 4	Wellsville	NY	14895	501c3	Adent Solutions Strategic Planning Support	\$8,000.00
Adent Solutions, Inc.	85 North Main Street, Suite 4	Wellsville	NY	14895	501c3	Adent Solutions - Matter of Balance Southern Tier Expansion	\$9,999.00
Arthur O. Eve School #61	453 Leroy Ave.	Wellsville	NY	14215	509a1	PEDALS - Exploring Implementation in Buffalo Public Schools UPK classrooms	\$1,750.00
Aurora of Central New York, Inc.	518 James Street	Syracuse	NY	13203	501c3	Ready or Not-CNY-Cohort 2	\$10,000.00
The Bion Childrens Scholarship Fund Inc.	PO Box 116	Buffalo	NY	14205	501c3	Bison Scholarship Fund	\$44,798.25
Cathy J Berry, MD, PC	101 Pine Street	Syracuse	NY	13210	S Corp	CNY Midwifery - Phase II	\$5,000.00
Center for Excellence in Health Care Journalism	10 Neff Hall/Missouri School of Journalism	Columbia	MO	65211	501c3	2016 Association of Healthcare Journalists Fellowship	\$9,600.00
Center for Excellence in Health Care Journalism	10 Neff Hall/Missouri School of Journalism	Columbia	MO	65211	501c3	Journalist Fellowship	\$9,600.00
Center for Governmental Research Inc.	One South Washington Street/Suite 400	Rochester	NY	14614	501c3	Bison Scholarship Fund	\$12,558.00
Center for Healthcare Strategies Inc.	200 American Metro Boulevard/Suite 119	Hamilton	NJ	08619	501c3	New York Health Homes Learning Collaborative	\$15,000.00
Central New York Community Foundation, Inc	431 E. Fayette St./Suite 100	Syracuse	NY	13202	501c3	Green & Healthy Homes CNY	\$72,000.00
Central New York Community Foundation, Inc	431 E. Fayette St./Suite 100	Syracuse	NY	13202	501c3	Green & Healthy Homes CNY	\$40,000.00
Central New York Community Foundation, Inc	431 E. Fayette St./Suite 100	Syracuse	NY	13202	501c3	CNY Communications Capacity Building	\$20,000.00
Chautauqua County	3 North Erie/Gerace Office Building	Mayville	NY	14757	Government	Maternal Child Health in WNY	\$30,000.00
Chautauqua Region Community Foundation Inc.	418 Spring Street	Jamesstown	NY	14701	501c3	Maternal Child Health in WNY	\$10,000.00
Chautauqua Region Community Foundation Inc.	418 Spring Street	Jamesstown	NY	14701	501c3	Maternal Child Health in WNY	\$10,000.00
Child Care Coalition of the Niagara Frontier Inc.	1000 Heriel Ave	Buffalo	NY	14216	501c3	Help Me Grow WNY	\$28,992.31
Child Development Council of Central NY Inc	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY Inc	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$20,000.00
Community Concern of Western New York, Inc.	6722 Erie Road	Derby	NY	14047	501c3	Community Concern	\$10,000.00
Community Connections of Ny, Inc.	567 Exchange Street/Suite 201	Buffalo	NY	14210	501c3	Get Set: Buffalo Perinatal Network	\$30,225.50
Community Connections of Ny, Inc.	567 Exchange Street/Suite 201	Buffalo	NY	14210	501c3	Get Set: Buffalo Perinatal Network	\$300,000.00
Community Foundation for Greater Buffalo Inc	726 Exchange Street/Suite 516	Buffalo	NY	14202	501c3	Pay for Success: Pediatric Asthma	\$7,500.00
Community Foundation for Greater Buffalo Inc	726 Exchange Street/Suite 516	Buffalo	NY	14202	501c3	Lead Policy and Advocacy: City of Buffalo	\$10,000.00
Community Health Center of Buffalo, Inc.	34 Benwood Ave	Buffalo	NY	14214	501c3	Portable Dental Care Expansion - Implementation	\$50,000.00
Create a Healthier Niagara Falls Collaborative, Inc.	6225 Sheridan Drive/Suite 2016	Williamsville	NY	14221	501c3	Creating a Healthier Niagara Falls Collaborative - MAPScops	\$5,000.00
Create a Healthier Niagara Falls Collaborative, Inc.	6225 Sheridan Drive/Suite 2016	Williamsville	NY	14221	501c3	Creating a Healthier Niagara Falls Collaborative - MAPScops	\$5,000.00
Eighth District Dental Foundation Inc.	Memorial Education Foundation, Inc. The3831 Harlem Road	Buffalo	NY	14215	501c3	Building Capacity to Support Sustainability/Spread of CFK-Reg Hub Model	\$110,000.00
Erie County Department of Senior Services	95 Franklin Street, 13th Floor	Buffalo	NY	14202	Government	Age Friendly Erie County	\$9,955.00
Erie County Medical Center	462 Grider	Buffalo	NY	14215	Government	Conversation Project	\$25,000.00
Erie County Medical Center	462 Grider	Buffalo	NY	14215	Government	Conversation Project	\$5,000.00
Erwin First United Methodist Church	920 Euclid Avenue	Syracuse	NY	13210	501c3	PEDALS CNY	\$3,500.00
Family & Children's Service of Niagara Inc.	1522 Main Street	Niagara Falls	NY	14305	501c3	Family & Children's Services of Niagara - Strategic Planning and Alignment Process	\$7,500.00
Fund for the City of New York, Inc.	121 Avenue of the Americas/8th Floor	New York	NY	10013	501c3	March of Dimes WHEN Program - Phase 2	\$20,000.00
Grants Managers Network Inc.	1666 K Street, NW, Suite 440	Washington	DC	20005	501c3	Membership	\$2,000.00
Grantmakers for Effective Organizations	1725 DeSales Street, NW, Site 404	Washington	DC	20036	501c3	Membership	\$3,190.00
Grantmakers in Aging, Inc.	2001 Jefferson Davis Highway/Suite 504	Arlington	VA	22202	501c3	Grantmakers in Aging	\$1,600.00
Grantmakers in Aging, Inc.	2001 Jefferson Davis Highway/Suite 504	Arlington	VA	22202	501c3	Grantmakers in Aging - 2 year financial bridge support	\$25,000.00
Grantmakers in Health	1100 Connecticut Avenue NW, Suite 1200	Washington	DC	20036	501c3	Membership	\$5,175.00
Healthy Community Alliance, Inc.	1 School Street/Suite 100	Gowanda	NY	14070	501c3	Fellows Action Network (FAN)	\$35,260.00
Healthy Community Alliance, Inc.	26 Jamestown Street	Gowanda	NY	14070	501c3	SCENE-Capacity & Sustainability Project	\$5,000.00
Herkimer County Rural Health Network Inc.	320 N. Main Street - Suite 3300	Herkimer	NY	13350	501c3	Ready or Not-CNY-Cohort 2	\$10,000.00
Independent Health Foundation	511 Farber Lakes Drive	Williamsville	NY	14221	501c3	Maternal Child Health in WNY	\$29,520.00
Memorial Hospital of Williams F and Gertrude F Jones Inc	191 North Main Street/PO Box 72	Wellsville	NY	14895	501c3	Jones Memorial Lead Screening Project	\$4,900.00
Jowonio School	3049 East Genesee Street	Syracuse	NY	13224	501c3	Support for deaf and hearing impaired students at Jowonio School	\$5,000.00
Kidney Foundation of Wny, Inc.	110 Broadway Street	Buffalo	NY	14203	501c3	Kidney Foundation WNY	\$9,920.00
Lake Plains Community Care Network Inc.	575 East Main Street	Buffalo	NY	14203	501c3	Lake Plains Community Care Network's Strategic Planning	\$10,000.00
Lake Shore Behavioral Health, Inc.	255 Delaware Avenue, Suite 300	Buffalo	NY	14202	501c3	Maternal Child Health in WNY	\$30,000.00
March of Dimes Foundation	3445 Winton Place, Suite 121	Buffalo	NY	14202	501c3	Maternal Child Health in WNY	\$75,000.00
Mental Health Association of Erie County Foundation Inc.	999 Delaware Avenue	Rochester	NY	14623	501c3	IMPLICIT Project	\$10,000.00
New York Academy of Medicine	1216 Fifth Avenue, Room 562	New York	NY	10029	501c3	Fellows Program - Cohort 5	\$10,000.00
New York Academy of Medicine	1216 Fifth Avenue, Room 562	New York	NY	10029	501c3	Evaluation of Project ECHO	\$10,000.00



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TABLE D

TAB D

Northern Oswego County Health Services, Inc.	61 Delano Street	Pulaski	NY	13142	501c3	Update Community Health Collaborative IPA	\$50,000.00
Western New York Grantmakers Association Inc.	The Central New York Philanthropy Center431 E. Fayette Street	Syracuse	NY	13202	501c3	NY Funder's Alliance Program Support	\$1,000.00
Western New York Grantmakers Association Inc.	The Central New York Philanthropy Center	Syracuse	NY	13202	501c3	Membership	\$5,500.00
Oswego County Health Department	70 Burner Street	Oswego	NY	13226	Government	CNY Maternal Child Health-Phase 2	\$10,000.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	501c3	DSRIP CBO Planning Grant Consultant	\$4,000.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	501c3	DSRIP CBO Planning Grant Consultant	\$4,000.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	501c3	Taskforce on Health Disparity in the African American Community - Business Planning	\$5,000.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	501c3	Advanced Care Planning Collaborative	\$10,475.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	501c3	Advanced Care Planning Collaborative	\$10,000.00
NYSARC INC	301 Valley Drive	Syracuse	NY	13207	501c3	PEDALS ONLY	\$432.37
People's Equal Action & Community Effort, Inc.	217 South Salina Street2nd floor	Syracuse	NY	13202	501c3	Ready or Not-CNY-Cohort 2	\$10,000.00
Reach Only, Inc.	1010 James Street	Syracuse	NY	13203	501c3	CNY Maternal Child Health-Phase 2	\$30,000.00
Reach Only, Inc.	1010 James Street	Syracuse	NY	13203	501c3	CNY Maternal Child Health-Phase 2	\$10,196.00
Regents of the University of Colorado	Grants & Contracts (2323560-BK)PO Box 910238	Denver	CO	80291-0238	501c3	HEALTH EVALUATION	\$25,000.00
Regents of the University of Colorado	Grants & Contracts (2323560-BK)PO Box 910238	Denver	CO	80291-0238	501c3	Niagara Falls Memorial Medical - Behavioral Health Project	\$20,000.00
Regents of the University of Minnesota	Sponsored Projects Administration200 Oak Street SE, Suite 450	Minneapolis	MN	55455	501c3	Niagara Falls Memorial Medical - Behavioral Health Project	\$5,000.00
Research Foundation for the State University of New York	402 Crofts Halls	Buffalo	NY	14260-7016	501c3	Maternal Child Health Advocacy and Policy Fund	\$15,000.00
Research Foundation for the State University of New York	PO Box 9	Albany	NY	12201-0009	501c3	Improving Medication Outcomes - Providers	\$20,225.50
Research Foundation for the State University of New York	The UB Commons, Suite 211520 Lee Entrance	Amherst	NY	14228-2567	501c3	WRVVO Public Media - Take Care	\$32,763.00
The Salvation Army	677 South Salina Street	Syracuse	NY	13202	501c3	WRVVO Public Media - Take Care	\$32,763.00
The Salvation Army	677 South Salina Street	Syracuse	NY	13202	501c3	Trauma Scan	\$4,000.00
The Salvation Army	677 South Salina Street	Syracuse	NY	13202	501c3	CNY Maternal Child Health-Phase 2	\$30,000.00
The Salvation Army	677 South Salina Street	Syracuse	NY	13202	501c3	CNY Maternal Child Health-Phase 2	\$16,800.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	PEDALS CNY	\$237.85
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	The Salvation Army Empire Division Capacity Building	\$9,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
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Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Help Me Grow WNY	\$2,500.00
Schuyler Center for Analysis and Advocacy Inc.	150 State Street, 4th Floor	Albany	NY	12207	501c3	Medicaid Matters	\$2,500



### FUTURE GRANT PAYMENTS

Total: