

**Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning , and ending

|  |   |  |
|--|---|--|
| Name of foundation<br><b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL<br/>NEW YORK</b>  |   | <b>A Employer identification number</b><br><b>22-3804398</b>   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>726 EXCHANGE ST.</b>   | Room/suite<br><b>518</b>  | <b>B Telephone number</b><br><b>716-852-3030</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>BUFFALO, NY 14210</b>   |   | <b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>136,933,602.</b>  | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>  |

| <b>Part I Analysis of Revenue and Expenses</b><br><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) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received .....   | 0.                                 |                           | N/A                     |   |
|   | <b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments .....                                     |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities .....   | 892,537.                           | 892,537.                  |                         | STATEMENT 1   |
|   | <b>5a</b> Gross rents .....   |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss) .....  |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....                                 | 3,295,057.                         |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a <b>30,095,374.</b>                               |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2) .....   |                                    | 3,295,057.                |                         |   |
|   | <b>8</b> Net short-term capital gain .....  |                                    |                           |                         |   |
|   | <b>9</b> Income modifications .....   |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances .....  |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold .....   |   |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) .....   |   |                                    |                           |                         |   |
| <b>11</b> Other income .....  | 21,815.   | 4,892,878.                         |                           | STATEMENT 2             |   |
| <b>12 Total.</b> Add lines 1 through 11 .....   | 4,209,409.  | 9,080,472.                         |                           |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc. ....                                    | 387,167.                           | 0.                        |                         | 387,167.  |
|   | <b>14</b> Other employee salaries and wages .....   | 786,702.                           | 0.                        |                         | 786,702.  |
|   | <b>15</b> Pension plans, employee benefits .....  | 222,765.                           | 0.                        |                         | 222,765.  |
|   | <b>16a</b> Legal fees ..... <b>STMT 3</b>   | 5,190.                             | 0.                        |                         | 5,190.  |
|   | <b>b</b> Accounting fees ..... <b>STMT 4</b>  | 26,300.                            | 6,575.                    |                         | 19,725.   |
|   | <b>c</b> Other professional fees ..... <b>STMT 5</b>  | 1,535,052.                         | 1,106,758.                |                         | 428,294.  |
|   | <b>17</b> Interest .....  |                                    |                           |                         |   |
|   | <b>18</b> Taxes ..... <b>STMT 6</b>   | 123,921.                           | 72,879.                   |                         | 1,500.  |
|   | <b>19</b> Depreciation and depletion .....  | 40,466.                            | 0.                        |                         |   |
|   | <b>20</b> Occupancy .....   | 117,616.                           | 0.                        |                         | 117,616.  |
|   | <b>21</b> Travel, conferences, and meetings .....   | 32,740.                            | 0.                        |                         | 32,740.   |
|   | <b>22</b> Printing and publications .....   | 2,095.                             | 0.                        |                         | 2,095.  |
|   | <b>23</b> Other expenses ..... <b>STMT 7</b>  | 196,319.                           | 199,193.                  |                         | 196,319.  |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....                  | 3,476,333.                         | 1,385,405.                |                         | 2,200,113.  |
|   | <b>25</b> Contributions, gifts, grants paid .....   | 6,745,797.                         |                           |                         | 4,004,663.  |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....   | 10,222,130.   | 1,385,405.                         |                           | 6,204,776.              |   |
| <b>27</b> Subtract line 26 from line 12:  |   |                                    |                           |                         |   |
| <b>a</b> Excess of revenue over expenses and disbursements ...  | -6,012,721.   |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-) .....   |   | 7,695,067.                         |                           |                         |   |
| <b>c Adjusted net income</b> (if negative, enter -0-) .....   |   |                                    | N/A                       |                         |   |

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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 .....   | 252,975.          | 242,239.       | 242,239.              |
|   | 2 Savings and temporary cash investments .....  | 1,041,586.        | 524,037.       | 524,037.              |
|   | 3 Accounts receivable ▶ .....   |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶ .....   |                   |                |                       |
|   | 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 .....   |                   | 41,000.        | 41,000.               |
|   | 10a Investments - U.S. and state government obligations .....   |                   |                |                       |
|   | b Investments - corporate stock <span style="float:right">STMT 8</span> .....   | 22,853,075.       | 31,691,343.    | 31,691,343.           |
|   | c Investments - corporate bonds .....   |                   |                |                       |
|   | 11 Investments - land, buildings, and equipment: basis ▶ .....  |                   |                |                       |
| Less: accumulated depreciation ▶ .....  |   |                   |                |                       |
| 12 Investments - mortgage loans .....   |   |                   |                |                       |
| 13 Investments - other <span style="float:right">STMT 9</span> .....  | 105,182,009.  | 104,090,026.      | 104,090,026.   |                       |
| 14 Land, buildings, and equipment: basis ▶ <span style="float:right">522,477.</span> .....  |   |                   |                |                       |
| Less: accumulated depreciation <span style="float:right">STMT 10</span> ▶ <span style="float:right">421,936.</span> .....                     | 132,437.  | 100,541.          | 100,541.       |                       |
| 15 Other assets (describe ▶ .....   | 323,972.  | 244,416.          | 244,416.       |                       |
| 16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....                                 | 129,786,054.  | 136,933,602.      | 136,933,602.   |                       |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 29,516.           | 2,741,134.     |                       |
|   | 18 Grants payable .....   |                   |                |                       |
|   | 19 Deferred revenue .....   |                   |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons .....   |                   | 200,000.       |                       |
|   | 21 Mortgages and other notes payable .....  |                   |                |                       |
|   | 22 Other liabilities (describe ▶ <b>DEFERRED COMPENSAT</b> ) .....  | 209,231.          | 176,887.       |                       |
| 23 <b>Total liabilities</b> (add lines 17 through 22) .....   | 238,747.  | 3,118,021.        |                |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b> |                   |                |                       |
|   | 24 Net assets without donor restrictions .....  | 127,514,793.      | 131,702,631.   |                       |
|   | 25 Net assets with donor restrictions .....   | 2,032,514.        | 2,112,950.     |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>          |                   |                |                       |
|   | 26 Capital stock, trust principal, or current funds .....   |                   |                |                       |
|   | 27 Paid-in or capital surplus, or land, bldg., and equipment fund .....   |                   |                |                       |
|   | 28 Retained earnings, accumulated income, endowment, or other funds .....   |                   |                |                       |
| 29 <b>Total net assets or fund balances</b> .....   | 129,547,307.  | 133,815,581.      |                |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> .....  | 129,786,054.  | 136,933,602.      |                |                       |

**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 29<br>(must agree with end-of-year figure reported on prior year's return) ..... | 1 | 129,547,307. |
| 2 Enter amount from Part I, line 27a .....  | 2 | -6,012,721.  |
| 3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS ON INVESTMENTS</b> .....   | 3 | 10,280,995.  |
| 4 Add lines 1, 2, and 3 .....   | 4 | 133,815,581. |
| 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 29 .....   | 6 | 133,815,581. |

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |    |          |
| b Reserved   |    | 1  | 106,961. |
| c All other domestic foundations enter 1.39% 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  | 106,961. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 4  | 0.       |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   |    | 5  | 106,961. |
| 6 Credits/Payments:  |    |    |          |
| a 2020 estimated tax payments and 2019 overpayment credited to 2020  | 6a |    | 84,000.  |
| b Exempt foreign organizations - tax withheld at source  | 6b |    | 0.       |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c |    | 46,700.  |
| d Backup withholding erroneously withheld  | 6d |    | 0.       |
| 7 Total credits and payments. Add lines 6a through 6d  |    | 7  | 130,700. |
| 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached  |    | 8  | 547.     |
| 9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>  |    | 9  |          |
| 10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>   |    | 10 | 23,192.  |
| 11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>23,192.</b>   <b>Refunded</b> <input checked="" type="checkbox"/>  |    | 11 | 0.       |

**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?   |          | <b>X</b> |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition<br>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. |          | <b>X</b> |
| c Did the foundation file <b>Form 1120-POL</b> for this year?   |          | <b>X</b> |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>  |          |          |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>   |          |          |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.   |          | <b>X</b> |
| 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  |          | <b>X</b> |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |          | <b>X</b> |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   |          | N/A      |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by <i>General Instruction T</i> .   |          | <b>X</b> |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?            | <b>X</b> |          |
| 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   | <b>X</b> |          |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NY</u>  |          |          |
| 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 <i>General Instruction G</i> ? If "No," attach explanation   | <b>X</b> |          |
| 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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV   |          | <b>X</b> |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   |          | <b>X</b> |

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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  |     | 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   |     | X  |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► WWW.HFWCNY.ORG   | X   |    |
| 14 The books are in care of ► NORA O'BRIEN-SURIC Telephone no. ► 716-852-3030<br>Located at ► 726 EXCHANGE ST., SUITE 518, BUFFALO, NY ZIP+4 ► 14210-1485  |     |    |
| 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   | N/A |    |
| 16 At any time during calendar year 2020, 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?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► |     | 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  |     | X  |
| Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>  |     |    |
| 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 2020?   |     | 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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>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.<br>► _____, _____, _____, _____  |     |    |
| 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 2020 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) | N/A |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  |     | 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 2020?   |     | X  |

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

|  |   | Yes | No |
|--|---|-----|----|
| <b>5a</b> 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))?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</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 | N/A   | 5b  |    |
| Organizations relying on a current notice regarding disaster assistance, check here  | <input type="checkbox"/>  |     |    |
| <b>c</b> 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?  | N/A <input type="checkbox"/> Yes <input type="checkbox"/> No        |     |    |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |   |     |    |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |   | 6b  | X  |
| If "Yes" to 6b, file Form 8870.  |   |     |    |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   | N/A   | 7b  |    |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |    |

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

**1** List all officers, directors, trustees, and 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     |   | 362,280.                                  | 24,867.   | 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 |
|--|---|------------------|---|---------------------------------------|
| DIANE OYLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210        | VICE PRESIDENT OF PROGRAM<br>40.00                        | 134,857.         | 23,257.   | 0.                                    |
| KENNETH GENEWICK - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210   | PROGRAM OFFICER<br>40.00                                  | 94,343.          | 20,705.   | 0.                                    |
| MARNIE ANNESE - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY         | PROGRAM OFFICER<br>40.00                                  | 97,337.          | 6,778.  | 0.                                    |
| CORALIE RAE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210  | PROGRAM MANAGER<br>40.00                                  | 75,164.          | 19,470.   | 0.                                    |
| KERRY JONES WARING - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210 | PROGRAM OFFICER<br>40.00                                  | 89,420.          | 4,831.  | 0.                                    |
| <b>Total</b> number of other employees paid over \$50,000              |   |                  |   | 0                                     |

**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 |
|--|---------------------|------------------|
| THE MAGELLEN GROUP LLC - 14 LAFAYETTE SQUARE<br>SUITE 834, BUFFALO, NY 14203 | CONSULTING SERVICES | 53,450.          |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

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 CO-CREATING WELL BEINGS - SUPPORTING CHILDREN AND FAMILIES THROUGH TRAUMA.   | 757,366. |
| 2 UNIVERSAL HEALTH CARE ADVOCACY - IMPROVING ACCESS TO HEALTHCARE FOR ALL NEW YORKERS  | 278,455. |
| 3 SEE STATEMENT 14   | 135,000. |
| 4 SEE STATEMENT 15   | 22,686.  |

**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.)

|   |   |    |              |
|---|---|----|--------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:       |    |              |
| a | Average monthly fair market value of securities .....   | 1a | 119,843,290. |
| b | Average of monthly cash balances .....  | 1b | 1,569,874.   |
| c | Fair market value of all other assets .....   | 1c |              |
| d | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 121,413,164. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.           |
| 2 | Acquisition indebtedness applicable to line 1 assets .....  | 2  | 0.           |
| 3 | Subtract line 2 from line 1d .....  | 3  | 121,413,164. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 1,821,197.   |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 119,591,967. |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 5,979,598.   |

**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.)

|    |   |    |            |
|----|---|----|------------|
| 1  | Minimum investment return from Part X, line 6 .....   | 1  | 5,979,598. |
| 2a | Tax on investment income for 2020 from Part VI, line 5 .....  | 2a | 106,961.   |
| b  | Income tax for 2020. (This does not include the tax from Part VI.) .....  | 2b |            |
| c  | Add lines 2a and 2b .....   | 2c | 106,961.   |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 5,872,637. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 66,764.    |
| 5  | Add lines 3 and 4 .....   | 5  | 5,939,401. |
| 6  | Deduction from distributable amount (see instructions) .....  | 6  | 0.         |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 5,939,401. |

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

|   |   |    |            |
|---|---|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  |    |            |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....   | 1a | 6,204,776. |
| b | Program-related investments - total from Part IX-B .....  | 1b | 0.         |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  | 8,570.     |
| 3 | Amounts set aside for specific charitable projects that satisfy the:  |    |            |
| a | Suitability test (prior IRS approval required) .....  | 3a |            |
| b | Cash distribution test (attach the required schedule) .....   | 3b |            |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 6,213,346. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 0.         |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 6,213,346. |

**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.



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

|   | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7   |               |                            |             | 5,939,401.  |
| <b>2</b> Undistributed income, if any, as of the end of 2020:   |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only   |               |                            | 5,896,282.  |             |
| <b>b</b> Total for prior years:   |               | 0.                         |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:   |               |                            |             |             |
| <b>a</b> From 2015  |               |                            |             |             |
| <b>b</b> From 2016  |               |                            |             |             |
| <b>c</b> From 2017  |               |                            |             |             |
| <b>d</b> From 2018  |               |                            |             |             |
| <b>e</b> From 2019  |               |                            |             |             |
| <b>f</b> Total of lines 3a through e  | 0.            |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 6,213,346.   |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a   |               |                            | 5,896,282.  |             |
| <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 2020 distributable amount   |               |                            |             | 317,064.    |
| <b>e</b> Remaining amount distributed out of corpus   | 0.            |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020 (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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |             |
| <b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021  |               |                            |             | 5,622,337.  |
| <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 2015 not applied on line 5 or line 7   | 0.            |                            |             |             |
| <b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a  | 0.            |                            |             |             |
| <b>10</b> Analysis of line 9:   |               |                            |             |             |
| <b>a</b> Excess from 2016   |               |                            |             |             |
| <b>b</b> Excess from 2017   |               |                            |             |             |
| <b>c</b> Excess from 2018   |               |                            |             |             |
| <b>d</b> Excess from 2019   |               |                            |             |             |
| <b>e</b> Excess from 2020   |               |                            |             |             |

**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 2020, 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 |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 |           |
| <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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

**SEE STATEMENT 16**

**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:

**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,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount               |
| Name and address (home or business)   |  |                                      |                                     |                      |
| <b>a Paid during the year</b>   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
| <b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> .....                             |  |                                      |                                     | <b>3a</b> 6,745,797. |
| <b>b Approved for future payment</b>  |  |                                      |                                     |                      |
| NONE  |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
|   |  |                                      |                                     |                      |
| <b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> .....                             |  |                                      |                                     | <b>3b</b> 0.         |





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**Part XV** Supplementary Information (continued)

**3a** Grants and Contributions Paid During the Year

| Recipient<br>Name and address (home or business)                                 | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                           | Amount            |
|--|--|--------------------------------------|---|-------------------|
| ADELPHI UNIVERSITY<br>1 SOUTH AVENUE<br>GARDEN CITY, NY 11530                    | 501C3  | 501C3                                | SOCIAL WORK PRACTICE FELLOWS                                  | 53,970.           |
| ADELPHI UNIVERSITY<br>1 SOUTH AVENUE<br>GARDEN CITY, NY 11530                    | 501C3  | 501C3                                | SOCIAL WORK PRACTICE FELLOWS EXPANSION IN CNY                 | 14,700.           |
| ARDENT SOLUTIONS<br>85 NORTH MAIN STREET, SUITE 4<br>WELLSVILLE, NY 14895        | 501C3  | 501C3                                | BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027                    | 1,000.            |
| ARDENT SOLUTIONS<br>85 NORTH MAIN STREET, SUITE 4<br>WELLSVILLE, NY 14895        | 501C3  | 501C3                                | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY -<br>PHASE I | 80,232.           |
| BELMONT HOUSING RESOURCES FOR WNY, INC.<br>1195 MAIN STREET<br>BUFFALO, NY 14209 | 501C3  | 501C3                                | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY -<br>PHASE I | 150,500.          |
| BISON CHILDREN'S SCHOLARSHIP FUND, INC.<br>PO BOX 116<br>BUFFALO, NY 14205       | 501C3  | 501C3                                | BISON SCHOLARSHIP FUND  | 72,822.           |
| BOSTON FOUNDATION, INC.<br>75 ARLINGTON STREET 3RD FLOOR<br>BOSTON, MA 02116     | 501C3  | 501C3                                | "COMMUNITIES CARE" WNY RESPITE PILOT                          | 50,000.           |
| <b>Total from continuation sheets</b> .....                                      |  |                                      |   | <b>6,745,797.</b> |

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**Part XV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

| Name and address (home or business)<br>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   |
|--|---|--------------------------------|--|----------|
|  |   |                                |  |          |
| BUFFALO PRENATAL-PERINATAL NETWORK<br>625 DELAWARE AVENUE, SUITE 410<br>BUFFALO, NY 14221              |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 130,500. |
| BURCHFIELD PENNEY ART CENTER<br>1300 ELMWOOD AVENUE<br>BUFFALO, NY 14222                               |   | 501C3                          | ART MOVES ME   | 1,000.   |
| CATTARAUGUS COMMUNITY ACTION<br>25 JEFFERSON STREET<br>SALAMANCA, NY 14779                             |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 150,500. |
| CATTARAUGUS COUNTY PROJECT HEAD START INC<br>101 S. 19TH STREET<br>OLEAN, NY 14760                     |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 150,500. |
| CAYUGA COMMUNITY HEALTH NETWORK, INC.<br>2119 W. GENESEE STREET ROAD<br>AUBURN, NY 13021               |   | 501C3                          | CCHN DOULA PROGRAM   | 61,400.  |
| CENTER FOR ELDER LAW AND JUSTICE<br>438 MAIN STREET SUITE 1200<br>BUFFALO, NY 14202                    |   | 501C3                          | CENTER FOR ELDER LAW AND JUSTICE EMERGENCY FUND            | 125,500. |
| CENTER FOR GOVERNMENTAL RESEARCH (CGR)<br>ONE SOUTH WASHINGTON STREET SUITE 400<br>ROCHESTER, NY 14614 |   | 501C3                          | BISON SCHOLARSHIP FUND                                     | 12,185.  |
| <b>Total from continuation sheets</b> .....  |   |                                |  |          |

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**Part XV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

| Recipient<br>Name and address (home or business)   | 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   |
|--|---|--------------------------------|---|----------|
| CENTRAL NEW YORK COMMUNITY FOUNDATION, INC<br>431 E. FAYETTE ST. SUITE 100<br>SYRACUSE, NY 13202 | 501C3   | 501C3                          | COVID 19 RESPONSE FUND  | 110,000. |
| CHAUTAUQUA COUNTY HEALTH NETWORK, INC.<br>200 HARRISON ST. SUITE 2<br>JAMESTOWN, NY 14701        |   | 501C3                          | CHAUTAUQUA COUNTY HEALTH NETWORK                                  | 6,600.   |
| CHAUTAUQUA COUNTY OFFICE FOR THE AGING<br>7 NORTH ERIE STREET<br>MAYVILLE, NY 14757              |   | 501C3                          | CHAUTAUQUA COUNTY OFA   | 1,700.   |
| CHAUTAUQUA REGION COMMUNITY FOUNDATION<br>418 SPRING STREET<br>JAMESTOWN, NY 14701               |   | 501C3                          | CHAUTAUQUA REGIONAL COMMUNITY FOUNDATION BABY CAFE COMMUNICATIONS | 10,000.  |
| CHILD CARE SOLUTIONS<br>181 PARKSIDE AVENUE<br>SYRACUSE, NY 13207                                |   | 501C3                          | PROMOTING EARLY CHILDHOOD DEVELOPMENT THROUGH PLAYGROUPS          | 8,250.   |
| CHILD DEVELOPMENT COUNCIL OF CENTRAL NY<br>609 WEST CLINTON STREET<br>ITHACA, NY 14850           |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I        | 162,900. |
| CITIZEN BUDGET COMMISSION<br>240 WEST 35TH STREET SUITE 302<br>NEW YORK, NY 10001                |   | 501C3                          | UNIVERSAL HEALTH CARE ADVOCACY 2020                               | 40,000.  |
| <b>Total from continuation sheets</b> .....  |   |                                |   |          |



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**Part XV Supplementary Information** (continued)

**3a Grants and Contributions Paid During the Year**

| Name and address (home or business)  | 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   |
|--|---|--------------------------------|--|----------|
|  |   |                                |  |          |
| CITY MISSION SOCIETY, INC.<br>100 E. TUPPER<br>BUFFALO, NY 14203                                 |   | 501C3                          | BUFFALO CITY MISSION: NEXT CENTURY CAMPAIGN                | 250,500. |
| COMMUNITY ACTION OF ORLEANS & GENESEE<br>409 EAST STATE STREET<br>ALBION, NY 14411               |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 150,500. |
| COMMUNITY ACTION PROGRAM FOR MADISON COUNTY, INC.<br>3 EAST MAIN STREET<br>MORRISVILLE, NY 13408 |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 80,500.  |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210         |   | 501C3                          | INNOVATIONS IN CHILDREN'S HEALTH RFP PROGRAM               | 9,000.   |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210         |   | 501C3                          | HELP ME GROW WNY BRIDGE FUNDING                            | 100,000. |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210         |   | 501C3                          | AGING MASTERY PROGRAM                                      | 10,000.  |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210         |   | 501C3                          | PEDALS CNY HUB DEVELOPMENT AND EXPANSION                   | 116,232. |
| <b>Total from continuation sheets</b> .....  |   |                                |  |          |

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**Part XV Supplementary Information** (continued)

**3a Grants and Contributions Paid During the Year**

| Name and address (home or business)  | 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  |
|--|-----------|---|--------------------------------|--|---------|
|  |           |   |                                |  |         |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210 |           |   | 501C3                          | NURTURING PARENT PROGRAM                                   | 31,991. |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210 |           |   | 501C3                          | DEI ADVANCEMENT FUND                                       | 18,000. |
| COMMUNITY CONNECTIONS OF NY, INC.<br>567 EXCHANGE STREET, SUITE 201<br>BUFFALO, NY 14210 |           |   | 501C3                          | STRATEGIC PLANNING IMPLEMENTATION - PROGRAM                | 50,116. |
| COMMUNITY FOUNDATION OF TOMPKINS COUNTY<br>309 NORTH AURORA STREET<br>ITHACA, NY 14850   |           |   | 501C3                          | COMMUNITY FOUNDATION OF TOMPKINS COUNTY COVID-19 FUND      | 10,000. |
| COMMUNITY SERVICES FOR EVERY1, INC.<br>180 OAK STREET<br>BUFFALO, NY 14203               |           |   | 501C3                          | COVID STIPEND  | 500.    |
| COMMUNITY SERVICES FOR EVERY1, INC.<br>180 OAK STREET<br>BUFFALO, NY 14203               |           |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 74,665. |
| CORNELL COOPERATIVE EXTENSION<br>5657 STATE ROUTE 5<br>HERKIMER, NY 13350                |           |   | 501C3                          | INNOVATIONS IN CNY   | 12,500. |
| <b>Total from continuation sheets</b> .....  |           |   |                                |  |         |

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**3a Grants and Contributions Paid During the Year**

| Name and address (home or business)  | 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  |
|--|-----------|---|--------------------------------|--|---------|
|  |           |   |                                |  |         |
| D'YOUVILLE COLLEGE<br>320 PORTER AVENUE<br>BUFFALO, NY 14201                                     |           |   | 501C3                          | GENA COGNITIVE SCREENING TOOL                        | 10,000. |
| EASTERN NIAGARA HOSPITAL, INC.<br>521 EAST AVENUE<br>LOCKPORT, NY 14094                          |           |   | 501C3                          | NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT | 8,100.  |
| EDUCATION DEVELOPMENT CENTER, INC.<br>43 FOUNDRY AVENUE<br>WALTHAM, MA 02453                     |           |   | 501C3                          | NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT | 9,150.  |
| ERIE COUNTY DEPARTMENT OF SENIOR SERVICES<br>95 FRANKLIN STREET, 13TH FLOOR<br>BUFFALO, NY 14202 |           |   | GOVT                           | PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2         | 10,946. |
| ERIE COUNTY DEPARTMENT OF SENIOR SERVICES<br>95 FRANKLIN STREET, 13TH FLOOR<br>BUFFALO, NY 14202 |           |   | GOVT                           | AGING BY DESIGN                                      | 1,000.  |
| ERIE NIAGARA AREA HEALTH EDUCATION CENTER<br>355 LINWOOD AVENUE<br>BUFFALO, NY 14209             |           |   | 501C3                          | ERIE COUNTY DOULA PILOT PROGRAM COORDINATION         | 45,500. |
| FEED BUFFALO<br>456 MASSACHUSETTS AVE<br>BUFFALO, NY 14213                                       |           |   | 501C3                          | FEED BUFFALO - AMERICORPS LISC                       | 10,000. |
| <b>Total from continuation sheets</b> .....  |           |   |                                |  |         |

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|--|--|--------------------------------------|---|----------|
| GENESE COUNCIL ON ALCOHOLISM AND<br>SUBSTANCE ABUSE, INC.<br>430 E. MAIN STREET<br>BATAVIA, NY 14020         |  | 501C3                                | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY -<br>PHASE I | 150,500. |
| GENESE PARISH OUTREACH CENTER, INC.<br>4520 GENESEE STREET<br>GENESE, NY 14454                               |  | 501C3                                | PARISH OUTREACH CENTER  | 1,500.   |
| GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS<br>(GEO)<br>1725 DESALES STREET, NW, STE.404<br>WASHINGTON, DC 20036 |  | 501C3                                | GRANT MAKERS FORUM  | 1,390.   |
| GRANTMAKERS IN AGING<br>2001 JEFFERSON DAVIS HIGHWAY SUITE 504<br>ARLINGTON, VA 22202                        |  | 501C3                                | 2019/2020 MEMBERSHIP  | 12,400.  |
| GRANTMAKERS IN HEALTH<br>1100 CONNECTICUT AVENUE NW SUITE 1200<br>WASHINGTON, DC 20036                       |  | 501C3                                | GRANTMAKERS IN HEALTH   | 8,500.   |
| GRASSROOTS GARDENS OF WESTERN NEW YORK,<br>INC.<br>389 BROADWAY<br>BUFFALO, NY 14204                         |  | 501C3                                | GRASSROOTS GARDENS WNY LAND TRUST ACCREDITATION               | 10,500.  |
| HAMILTON SENIOR CITIZENS, INC.<br>525 MADISON LANE<br>HAMILTON, NY 13346                                     |  | 501C3                                | HAMILTON SENIOR CITIZENS, INC. MEAL PROGRAM                   | 4,200.   |
| <b>Total from continuation sheets</b> .....  |  |                                      |   |          |

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**3a Grants and Contributions Paid During the Year**

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|--|---|--------------------------------|---|----------|
| HARMONIA COLLAB COMMUNITY CONCERN OF WESTERN NEW YORK, INC.<br>6722 ERIE ROAD<br>DERBY, NY 14047 |   | 501C3                          | COMMUNITY CONCERN -MEDICAID COMPLIANCE/PROTOCOL DEVELOPMENT | 3,000.   |
| HEALTHCARE ASSOCIATION OF NEW YORK STATE<br>1 EMPIRE DRIVE<br>RENSELAER, NY 12144                |   | 501C3                          | AGE FRIENDLY HEALTH SYSTEMS 2020                            | 49,000.  |
| HEALTHY COMMUNITY ALLIANCE, INC.,<br>1 SCHOOL STREET SUITE 100<br>GOWANDA, NY 14070              |   | 501C3                          | CALL TO ACTION: COMMUNITY INFORMATION EXCHANGE              | 150,000. |
| HEALTHY COMMUNITY ALLIANCE, INC.<br>26 JAMESTOWN STREET<br>GOWANDA, NY 14070                     |   | 501C3                          | HEALTHY COMMUNITY ALLIANCE CBO CONSORTIUM                   | 10,500.  |
| HEALTHY COMMUNITY ALLIANCE, INC.<br>26 JAMESTOWN STREET<br>GOWANDA, NY 14070                     |   | 501C3                          | CBO CONSORTIUM CAPACITY BUILDING PROGRAM                    | 75,000.  |
| HEALTHY COMMUNITY ALLIANCE, INC.<br>26 JAMESTOWN STREET<br>GOWANDA, NY 14070                     |   | 501C3                          | BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027                  | 4,190.   |
| HEARTS AND HANDS<br>2710 NORTH FOREST ROAD SUITE 2015<br>GETZVILLE, NY 14068                     |   | 501C3                          | CALL TO ACTION: EQUITABLE TRANSPORTATION                    | 235,500. |
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|--|--|--------------------------------------|--|---------|
| HOLY CROSS HEAD START, INC.<br>150 MARYLAND STREET<br>BUFFALO, NY 14201              |  | 501C3                                | CAVITY FREE KIDS SUPPLIES REPLENISHMENT FUND         | 2,900.  |
| HOME HEADQUARTERS, INC.<br>538 ERIE BLVD., WEST<br>SYRACUSE, NY 13204                |  | 501C3                                | FELLOWS COHORT 8                                     | 8,000.  |
| HUMAN SERVICES COALITION OF TOMPKINS CO.<br>100 W. SENECA STREET<br>ITHACA, NY 14850 |  | 501C3                                | PLANNING SUPPORT FOR COMMUNITY SERVICE ORGANIZATIONS | 10,000. |
| INTEGRATED COMMUNITY KIDS ONEIDA, INC.<br>310 MAIN STREET<br>UTICA, NY 13501         |  | 501C3                                | HEALTHY CONNECTIONS FROM THE START/ICAN              | 20,500. |
| INTERFAITH WORKS OF CENTRAL NEW YORK<br>1010 JAMES STREET<br>SYRACUSE, NY 13203      |  | 501C3                                | AGING BY DESIGN                                      | 27,920. |
| INTERFAITH WORKS OF CENTRAL NEW YORK<br>1010 JAMES STREET<br>SYRACUSE, NY 13203      |  | 501C3                                | INNOVATIONS IN CNY                                   | 8,133.  |
| INTERFAITH WORKS OF CENTRAL NEW YORK<br>1010 JAMES STREET<br>SYRACUSE, NY 13203      |  | 501C3                                | ONONDAGA COUNTY AGING SERVICES COALITION             | 60,500. |
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|---|-----------|---|--------------------------------|--|----------|
|   |           |   |                                |  |          |
| INTERFAITH WORKS OF CENTRAL NEW YORK<br>1010 JAMES STREET<br>SYRACUSE, NY 13203     |           |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I   | 149,369. |
| JERICHO ROAD MINISTRIES, INC.<br>184 BARTON STREET<br>BUFFALO, NY 14213             |           |   | 501C3                          | ERIE COUNTY DSS CFS CHW PROJECT                              | 30,500.  |
| KIDS ONEIDA, INC.<br>310 MAIN STREET<br>UTICA, NY 13501                             |           |   | 501C3                          | HEALTHY CONNECTIONS FROM THE START/ICAN                      | 42,870.  |
| LEUKEMIA & LYMPHOMA SOCIETY<br>4043 MAPLE ROAD SUITE 105<br>AMHERST, NY 14226       |           |   | 501C3                          | LEUKEMIA AND LYMPHOMA SOCIETY - TRANSPORTATION ASSISTANCE    | 10,000.  |
| LIFESPAN OF GREATER ROCHESTER INC.<br>1900 S. CLINTON AVE<br>ROCHESTER, NY 14618    |           |   | 501C3                          | LIFESPAN - COMMUNITY CARE CONNECTIONS                        | 225,000. |
| LONG TERM CARE COMMUNITY COALITION<br>1 PENN PLAZA SUITE 6252<br>NEW YORK, NY 10019 |           |   | 501C3                          | LONG TERM CARE COMMUNITY COALITION - COVID 19 CARE EDUCATION | 10,000.  |
| LOVE LIVING AT HOME<br>757 WARREN ROAD #4836<br>ITHACA, NY 14852                    |           |   | 501C3                          | LOVE LIVING AT HOME  | 5,500.   |
| <b>Total from continuation sheets</b>   |           |   |                                |  |          |

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**3a Grants and Contributions Paid During the Year**

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|---|---|--------------------------------|--|----------|
| MADISON COUNTY HEALTH DEPARTMENT<br>PO BOX 605<br>WAMPVILLE, NY 13163                     | 501C3   | 501C3                          | INNOVATIONS IN CNY                                 | 6,225.   |
| MANLIUS SENIOR CENTRE<br>1 ARKIE ALBANSES AVE<br>MANLIUS, NY 13104                        | 501C3   | 501C3                          | MANLIUS SENIOR ACTIVITY CENTER FOOD PROGRAM        | 5,500.   |
| MARCH OF DIMES FOUNDATION<br>3445 WINTON PLACE, SUITE 121<br>ROCHESTER, NY 14623          | 501C3   | 501C3                          | IMPLICIT PROJECT - WNY & CNY EXPANSION             | 50,500.  |
| NATIONAL COUNCIL ON AGING, INC.<br>251 15TH STREET SOUTH SUITE 500<br>ARLINGTON, VA 22202 | 501C3   | 501C3                          | AGING MASTERY PROGRAM                              | 32,000.  |
| NEW YORK ACADEMY OF MEDICINE<br>1216 FIFTH AVENUE, ROOM 562<br>NEW YORK, NY 10029         | 501C3   | 501C3                          | PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2       | 35,000.  |
| NEW YORK STATEWIDE SENIOR ACTION COUNCIL,<br>INC.<br>275 STATE STREET<br>ALBANY, NY 12210 | 501C3   | 501C3                          | UNIVERSAL HEALTH CARE ADVOCACY 2020                | 134,000. |
| NORTHERN OSWEGO COUNTY HEALTH SERVICES,<br>INC.<br>61 DELANO STREET<br>PULASKI, NY 13142  | 501C3   | 501C3                          | UPSTATE COMMUNITY HEALTH COLLABORATIVE IPA-PHASE 2 | 25,000.  |
| <b>Total from continuation sheets</b> .....   |   |                                |  |          |



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|---|---|--------------------------------|--|---------|
|   |   |                                |  |         |
| NY FUNDERS ALLIANCE<br>THE CENTRAL NEW YORK PHILANTHROPY CENTER<br>431 E. FAYETTE STREET SYRACUSE, NY 13202         |   | 501C3                          | NYFA PROGRAM OFFICER ONE DAY WORKSHOP                            | 7,500.  |
| NY FUNDERS ALLIANCE<br>THE CENTRAL NEW YORK PHILANTHROPY CENTER<br>431 E. FAYETTE STREET SYRACUSE, NY 13202         |   | 501C3                          | CATCHAFIRE SPONSORSHIP/NY FUNDERS ALLIANCE                       | 54,000. |
| NY FUNDERS ALLIANCE<br>THE CENTRAL NEW YORK PHILANTHROPY CENTER<br>431 E. FAYETTE STREET SYRACUSE, NY 13202         |   | 501C3                          | MEMBERSHIP   | 5,500.  |
| NY FUNDERS ALLIANCE<br>THE CENTRAL NEW YORK PHILANTHROPY CENTER<br>431 E. FAYETTE STREET SYRACUSE, NY 13202         |   | 501C3                          | PUBLIC POLICY FELLOW - NY FUNDER 'S ALLIANCE                     | 5,000.  |
| OLMSTED CENTER FOR SIGHT<br>1170 MAIN STREET<br>BUFFALO, NY 14209   |   | 501C3                          | OLMSTED CENTER FOR SIGHT - COMMUNITY INFORMATION EXCHANGE SUMMIT | 3,500.  |
| ONEIDA COUNTY HABITAT FOR HUMANITY DBA<br>REBUILDING CNY<br>421 MONTGOMERY STREET, 13TH FLOOR<br>SYRACUSE, NY 13202 |   | 501C3                          | ONONDAGA COUNTY EMOTIONAL OUTREACH CAMPAIGN                      | 25,000. |
| ONEIDA COUNTY HABITAT FOR HUMANITY DBA<br>REBUILDING CNY<br>494 FRENCH ROAD<br>UTICA, NY 13502                      |   | 501C3                          | AGING BY DESIGN  | 25,613. |
| <b>Total from continuation sheets</b>   |   |                                |  |         |

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|--|--|--------------------------------------|---|----------|
| ONONDAGA COUNTY DEPARTMENT OF AGING AND<br>YOUTH<br>217 SOUTH SALINA STREET, 2ND FLOOR<br>SYRACUSE, NY 13202                   |  | 501C3                                | BROOKDALE FOUNDATION CAREGIVER INITIATIVE | 8,500.   |
| P. E. A. C. E., INC. (PEOPLE'S EQUAL ACTION &<br>COMMUNITY EFFORT)<br>217 SOUTH SALINA STREET, 2ND FLOOR<br>SYRACUSE, NY 13202 |  | 501C3                                | BROOKDALE FOUNDATION CAREGIVER INITIATIVE | 5,500.   |
| P2 COLLABORATIVE OF WESTERN NEW YORK, INC.<br>355 HARLEM ROAD, BLDG. C, 2ND FLOOR<br>WEST SENECA, NY 14224                     |  | 501C3                                | FAN 2019-2021                             | 240,000. |
| P2 COLLABORATIVE OF WESTERN NEW YORK, INC.<br>355 HARLEM ROAD, BLDG. C, 2ND FLOOR<br>WEST SENECA, NY 14224                     |  | 501C3                                | COLLABORATION SUPPORT FOR LIVE WELL WNY   | 10,000.  |
| P2 COLLABORATIVE OF WESTERN NEW YORK, INC.<br>355 HARLEM ROAD, BLDG. C, 2ND FLOOR<br>WEST SENECA, NY 14224                     |  | 501C3                                | DEI ADVANCEMENT FUND                      | 18,000.  |
| P2 COLLABORATIVE OF WESTERN NEW YORK, INC.<br>355 HARLEM ROAD, BLDG. C, 2ND FLOOR<br>WEST SENECA, NY 14224                     |  | 501C3                                | LISC AMERICORP                            | 10,000.  |
| P2 COLLABORATIVE OF WESTERN NEW YORK, INC.<br>355 HARLEM ROAD, BLDG. C, 2ND FLOOR<br>WEST SENECA, NY 14224                     |  | 501C3                                | BUFFALO CENTER FOR HEALTH EQUITY          | 10,500.  |
| <b>Total from continuation sheets</b> .....  |  |                                      |   |          |

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|---|--|--------------------------------------|---|---------|
| PARKWAY SENIOR CENTER<br>220 MEMORIAL PARKWAY<br>UTICA, NY 13501  |  | 501C3                                | AGING BY DESIGN                               | 15,500. |
| PARKWAY SENIOR CENTER<br>220 MEMORIAL PARKWAY<br>UTICA, NY 13501  |  | 501C3                                | PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2  | 50,000. |
| PARKWAY SENIOR CENTER<br>220 MEMORIAL PARKWAY<br>UTICA, NY 13501  |  | 501C3                                | PARKWAY CENTER - PARKINSON'S SUPPORT SERVICES | 2,500.  |
| PEAK GRANTMAKING<br>1666 K STREET<br>WASHINGTON, DC 20005   |  | 501C3                                | MEMBERSHIP                                    | 2,000.  |
| PHYSICIANS FOR A NATIONAL HEALTH PROGRAM<br>NY METRO CHAPTER, I<br>131 W. 33RD STREET 4TH FLOOR<br>NEW YORK, NY 10001 |  | 501C3                                | BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027    | 1,945.  |
| PHYSICIANS FOR A NATIONAL HEALTH PROGRAM<br>NY METRO CHAPTER, I<br>131 W. 33RD STREET 4TH FLOOR<br>NEW YORK, NY 10001 |  | 501C3                                | UNIVERSAL HEALTH CARE ADVOCACY 2020           | 58,200. |
| RESEARCH FOUNDATION FOR SUNY<br>THE STATE UNIVERSITY OF NEW YORK PO BOX 9<br>ALBANY, NY 12201                         |  | 501C3                                | MOVERS AND MAKERS                             | 55,000. |
| <b>Total from continuation sheets</b> .....   |  |                                      |   |         |

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|--|---|--------------------------------|--|----------|
|  |   |                                |  |          |
| RESEARCH FOUNDATION FOR SUNY<br>402 CROFTS HALLS<br>BUFFALO, NY 14260-7016                           |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 18,150.  |
| RESEARCH FOUNDATION FOR SUNY<br>402 CROFTS HALLS<br>BUFFALO, NY 14260-7016                           |   | 501C3                          | PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2               | 89,054.  |
| RESEARCH FOUNDATION FOR SUNY<br>402 CROFTS HALLS<br>BUFFALO, NY 14260-7016                           |   | 501C3                          | FALLS PREVENTION: NEXT STEPS - CONCEPT DEVELOPMENT         | 2,700.   |
| SAY YES BUFFALO SCHOLARSHIP INC<br>712 MAIN STREET<br>BUFFALO, NY 14202                              |   | 501C3                          | SAY YES HEALTH HOME CARE COORDINATORS                      | 156,250. |
| SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY<br>INC.<br>150 STATE STREET, 4TH FLOOR<br>ALBANY, NY 12207 |   | 501C3                          | SCHUYLER CENTER - MATERNAL DEPRESSION                      | 86,000.  |
| SERVICE COLLABORATION<br>173 ELM STREET<br>BUFFALO, NY 14203   |   | 501C3                          | ABLE EARLY CHILDHOOD                                       | 15,000.  |
| SEVEN VALLEYS HEALTH COALITION, INC.<br>10 KENNEDY PARKWAY<br>CORTLAND, NY 13045                     |   | 501C3                          | CORTLAND FOOD RESCUE PROJECT                               | 25,500.  |
| <b>Total from continuation sheets</b> .....  |   |                                |  |          |

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|--|--|--------------------------------------|---|----------|
| SNAPCAP INC.<br>640 ELLICOTT STREET<br>BUFFALO, NY 14203   |  | 501C3                                | SNAPCAP-IPA PHASE II  | 100,000. |
| SOUTH BUFFALO COMMUNITY ASSOCIATION<br>35 CAZENOVIA STREET<br>BUFFALO, NY 14220                          |  | 501C3                                | COLLABORATIVE INTERSECTIONAL COLLECTIVE ALLIANCE FOR<br>BETTER SENIOR CARE IN THE CITY OF BUFFALO | 5,000.   |
| SOUTHERN TIER HEALTH CARE SYSTEM, INC.<br>ONE BLUE BIRD SQUARE<br>OLEAN, NY 14760                        |  | 501C3                                | SAFE KIDS SOUTHERN TIER NEW YORK COALITION  | 165,500. |
| ST. LUKE HEALTH SERVICES<br>299 EAST RIVER ROAD<br>OSWEGO, NY 13126                                      |  | 501C3                                | ST LUKE'S HEALTH SERVICES PPE PURCHASE  | 10,000.  |
| SUNSET HOME OF UTICA DBA THE COMMUNITY AT<br>SUNSET WOOD<br>118 GENESEE STREET<br>NEW HARTFORD, NY 13413 |  | 501C3                                | AGING IN PLACE WITH AI  | 10,000.  |
| SYRACUSE COMMUNITY CONNECTION<br>401-425 SOUTH AVENUE<br>SYRACUSE, NY 13204                              |  | 501C3                                | EARLY IDENTIFICATION OF COGNITIVE IMPAIRMENT  | 14,500.  |
| SYRACUSE HOUSING AUTHORITY<br>516 BURT STREET<br>SYRACUSE, NY 13202                                      |  | 501C3                                | CLEANING UP TO OPEN DOORS   | 24,000.  |
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|--|-------|---|--------------------------------|--|----------|
| Name and address (home or business)  |       |   |                                |  |          |
| SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK<br>4101 EAST GENESEE STREET<br>SYRACUSE, NY 13214 | 501C3 |   | 501C3                          | SYRACUSE JEWISH FAMILY SERVICES MIND AEROBICS              | 1,000.   |
| SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK<br>4101 EAST GENESEE STREET<br>SYRACUSE, NY 13214 | 501C3 |   | 501C3                          | FELLOWS CALL TO ACTION                                     | 1,000.   |
| SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK<br>4101 EAST GENESEE STREET<br>SYRACUSE, NY 13214 | 501C3 |   | 501C3                          | CALL TO ACTION: PROJECT SECURE                             | 197,000. |
| SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK<br>4101 EAST GENESEE STREET<br>SYRACUSE, NY 13214 | 501C3 |   | 501C3                          | BROOKDALE FOUNDATION CAREGIVER INITIATIVE                  | 4,500.   |
| SYRACUSE NORTHEAST COMMUNITY CENTER INC<br>716 HALWLEY AVE<br>SYRACUSE, NY 13203                 | 501C3 |   | 501C3                          | SYRACUSE COMMUNITY CENTER COLLABORATIVE CLEANINGS          | 10,000.  |
| SYRACUSE NORTHEAST COMMUNITY CENTER INC<br>716 HAW<br>SYRACUSE, NY 13203                         | 501C3 |   | 501C3                          | COVID STIPEND  | 500.     |
| SYRACUSE UNIVERSITY MAXWELL XLAB<br>211 LYMAN HALL<br>SYRACUSE, NY 13244                         | 501C3 |   | 501C3                          | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I | 2,958.   |
| <b>Total from continuation sheets</b> .....  |       |   |                                |  |          |

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

22-3804398

Form 990-PF

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**Part XV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                           | Amount   |
|--|--|--------------------------------------|---|----------|
| THE RESEARCH FOUNDATION<br>THE STATE UNIVERSITY OF NEW YORK PO BOX 9<br>ALBANY, NY 12201 |  | 501C3                                | MOVERS AND MAKERS   | 26,690.  |
| THE SERVICE COLLABORATIVE OF WNY, INC.<br>173 ELM STREET<br>BUFFALO, NY 14203            |  | 501C3                                | ABLE EARLY CHILDHOOD PROGRAM                                  | 49,000.  |
| TOMPKINS COUNTY OFFICE FOR THE AGING<br>320 NORTH TIOGA STREET<br>ITHACA, NY 14850       |  | 501C3                                | PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2                  | 49,989.  |
| TPI, C/O BOSTON FOUNDATION, INC.<br>75 ARLINGTON STREET 3RD FLOOR<br>BOSTON, NY 02116    |  | 501C3                                | COMMUNITIES CARE WNY RESPITE PILOT                            | 108,550. |
| UNITED WAY FOR CORTLAND COUNTY, INC<br>50 CLINTON AVE<br>CORTLAND, NY 13045              |  | 501C3                                | CNYCF RAPID RESPONSE FUND                                     | 14,000.  |
| UNITED WAY OF BUFFALO AND ERIE COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209        |  | 501C3                                | WNY INTEGRATED CARE COLLABORATIVE                             | 35,500.  |
| UNITED WAY OF BUFFALO AND ERIE COUNTY<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209        |  | 501C3                                | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY -<br>PHASE I | 53,000.  |
| <b>Total from continuation sheets</b> .....  |  |                                      |   |          |

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

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**Part XV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                           | Amount   |
|--|--|--------------------------------------|---|----------|
| UNITED WAY OF CENTRAL NEW YORK, INC.<br>518 JAMES STREET, SUITE 200<br>SYRACUSE, NY 13220            | 501C3  | 501C3                                | HELP ME GROW - CNY  | 160,500. |
| UNITED WAY OF CENTRAL NEW YORK, INC.<br>518 JAMES STREET, SUITE 200<br>SYRACUSE, NY 13220            |  | 501C3                                | HELP ME GROW ONONDAGA PHASE II                                | 172,410. |
| UNITED WAY OF CENTRAL NEW YORK, INC.<br>518 JAMES STREET, SUITE 200<br>SYRACUSE, NY 13220            |  | 501C3                                | CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY -<br>PHASE I | 100,000. |
| UNITED WAY OF THE VALLEY AND GREATER UTICA<br>AREA<br>201 LAFAYETTE STREET NO 201<br>UTICA, NY 13502 |  | 501C3                                | CNYCF RAPID RESPONSE FUND                                     | 24,000.  |
| UNIVERSITY OF GEORGIA RESEARCH FOUNDATION,<br>INC.<br>310 EAST CAMPUS ROAD<br>ATHENS, GA 30602       |  | 501C3                                | BUILDING EVIDENCE FOR RESPITE CARE                            | 24,980.  |
| VETERANS ONE-STOP CENTER OF WNY, INC.<br>1280 MAIN STREET SUITE 204<br>BUFFALO, NY 14209             |  | GOVT                                 | MOVING FORWARD TOGETHER INITIATIVE                            | 10,500.  |
| VISITING NURSE SERVICE OF ITHACA &<br>TOMPKINS COUNTY INC<br>105 VERA CIRCLE<br>ITHACA, NY 14850     |  | 501C3                                | FELLOWS CALL TO ACTION  | 50,500.  |
| <b>Total from continuation sheets</b> .....  |  |                                      |   |          |



HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

22-3804398

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**Part XV** Supplementary Information (continued)

**3a Grants and Contributions Paid During the Year**

| Name and address (home or business)<br>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   |
|---|---|--------------------------------|--|----------|
|   |   |                                |  |          |
| VISITING NURSE SERVICE OF ITHACA & TOMPKINS COUNTY INC<br>105 VERA CIRCLE<br>ITHACA, NY 14850     |   | 501C3                          | CALL TO ACTION: HEALTH LITERACY                                | 63,000.  |
| WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC.<br>742 DELAWARE AVENUE<br>BUFFALO, NY 14209  |   | 501C3                          | COMMUNITY CAPACITY TO ADDRESS DEPRESSION - CONCEPT EXPLORATION | 50,500.  |
| WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION<br>140 LOWER TERRACE STREET<br>BUFFALO, NY 14202 |   | 501C3                          | WBFO OLDER ADULT NEWS DESK                                     | 75,252.  |
| YMCA BUFFALO NIAGARA<br>301 CAYUGA ROAD<br>BUFFALO, NY 14225                                      |   | 501C3                          | YMCA ERIE/NIAGARA - EARLY LEARNING READINESS                   | 100,500. |
| YMCA OF THE TWIN TIERS<br>1020 REED STREET<br>OLEAN, NY 14760                                     |   | 501C3                          | BROOKDALE FOUNDATION CAREGIVER INITIATIVE                      | 5,500.   |
|   |   |                                |  |          |
|   |   |                                |  |          |
|   |   |                                |  |          |
| <b>Total from continuation sheets</b>   |   |                                |  |          |

**Underpayment of Estimated Tax by Corporations**

FORM 990-PF

**2020**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name **HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK**

Employer identification number  
**22-3804398**

**Note:** Generally, the corporation is not 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  | 106,961. |
| 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 | <b>Total.</b> 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 does not owe the penalty .....   | 3  | 106,961. |
| 4  | Enter the tax shown on the corporation's 2019 income tax return. See instructions. <b>Caution:</b> 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 ..... | 4  | 113,807. |
| 5  | <b>Required annual payment.</b> 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  | 106,961. |

**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 does not 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. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....              | 9   | 07/15/20 | 07/15/20 | 09/15/20 | 12/15/20 |
| 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 ..... | 10  | 1,047.   | 42,594.  |          | 16,128.  |
| 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 .....   | 11  |          |          |          | 84,000.  |
| <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 .....   | 12  |          |          |          |          |
| 13 Add lines 11 and 12 .....  | 13  |          |          |          | 84,000.  |
| 14 Add amounts on lines 16 and 17 of the preceding column .....   | 14  |          | 1,047.   |          |          |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- .....  | 15  | 0.       | 0.       |          | 84,000.  |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  | 16  |          | 1,047.   |          |          |
| 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 .....   | 17  | 1,047.   | 42,594.  |          |          |
| 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 .....  | 18  |          |          |          |          |

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.

**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.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) 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 4/15/2020 and before 7/1/2020 .....  | <b>21</b>    |                               |     |                |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...   | <b>22</b> \$ | \$                            | \$  | \$             |
| <b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....   | <b>23</b>    |                               |     |                |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...   | <b>24</b> \$ | \$                            | \$  | \$             |
| <b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....  | <b>25</b>    |                               |     |                |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...   | <b>26</b> \$ | \$                            | \$  | \$             |
| <b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....   | <b>27</b>    | <b>SEE ATTACHED WORKSHEET</b> |     |                |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...   | <b>28</b> \$ | \$                            | \$  | \$             |
| <b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....  | <b>29</b>    |                               |     |                |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....   | <b>30</b> \$ | \$                            | \$  | \$             |
| <b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....   | <b>31</b>    |                               |     |                |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....   | <b>32</b> \$ | \$                            | \$  | \$             |
| <b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....  | <b>33</b>    |                               |     |                |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....   | <b>34</b> \$ | \$                            | \$  | \$             |
| <b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....  | <b>35</b>    |                               |     |                |
| <b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....   | <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 34; or the comparable line for other income tax returns .....   | <b>38</b>    |                               |     | \$ <b>547.</b> |

\* 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.

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

See instructions.

**Form 1120-S filers:** For lines 1, 2, 3, and 21, "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 2017   | <b>1a</b>  |                |                |                |                 |
| <b>b</b> Tax year beginning in 2018   | <b>1b</b>  |                |                |                |                 |
| <b>c</b> Tax year beginning in 2019   | <b>1c</b>  |                |                |                |                 |
| <b>2</b> Enter taxable income for each period for the tax year beginning in 2020. 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 2017   | <b>3a</b>  |                |                |                |                 |
| <b>b</b> Tax year beginning in 2018   | <b>3b</b>  |                |                |                |                 |
| <b>c</b> Tax year beginning in 2019   | <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 (trusts only) 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><br>months | First <u>3</u><br>months | First <u>6</u><br>months | First <u>9</u><br>months |            |
| 20  | Annualization periods (see instructions) .....  | 20                       |                          |                          |                          |            |
| 21  | Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....                                 | 21                       | 50,197.                  | 1,569,799.               | 1,633,726.               | 3,224,958. |
| 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                      | 301,182.                 | 6,279,196.               | 3,267,452.               | 4,299,933. |
| b   | Extraordinary items (see instructions) .....  | 23b                      |                          |                          |                          |            |
| c   | Add lines 23a and 23b .....   | 23c                      | 301,182.                 | 6,279,196.               | 3,267,452.               | 4,299,933. |
| 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                       | 4,186.                   | 87,281.                  | 45,418.                  | 59,769.    |
| 25  | Enter any alternative minimum tax (trusts only) 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                       | 4,186.                   | 87,281.                  | 45,418.                  | 59,769.    |
| 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                       | 4,186.                   | 87,281.                  | 45,418.                  | 59,769.    |
| 30  | Applicable percentage .....   | 30                       | 25%                      | 50%                      | 75%                      | 100%       |
| 31  | Multiply line 29 by line 30 .....   | 31                       | 1,047.                   | 43,641.                  | 34,064.                  | 59,769.    |

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

|  |  | 1st         | 2nd         | 3rd         | 4th         |         |
|--|--|-------------|-------------|-------------|-------------|---------|
|  |  | installment | installment | installment | installment |         |
| <b>Note:</b> Complete lines 32 through 38 of one column before completing the next column. |  |             |             |             |             |         |
| 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          | 1,047.      | 43,641.     | 34,064.     | 59,769. |
| 33   | Add the amounts in all preceding columns of line 38. See instructions .....  | 33          |             | 1,047.      | 43,641.     | 43,641. |
| 34   | <b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- .....  | 34          | 1,047.      | 42,594.     | 0.          | 16,128. |
| 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          | 26,740.     | 26,741.     | 26,740.     | 26,740. |
| 36   | Subtract line 38 of the preceding column from line 37 of the preceding column .....  | 36          |             | 25,693.     | 9,840.      | 36,580. |
| 37   | Add lines 35 and 36 .....  | 37          | 26,740.     | 52,434.     | 36,580.     | 63,320. |
| 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          | 1,047.      | 42,594.     | 0.          | 16,128. |

Form 2220 (2020)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION**



## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 1

| SOURCE                         | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|--------------------------------|--------------|-------------------------|-----------------------|---------------------------|-------------------------|
| NONPUBLICLY TRADED INVESTMENTS | 70,497.      | 0.                      | 70,497.               | 70,497.                   |                         |
| PUBLICLY TRADED INVESTMENTS    | 822,040.     | 0.                      | 822,040.              | 822,040.                  |                         |
| TO PART I, LINE 4              | 892,537.     | 0.                      | 892,537.              | 892,537.                  |                         |

## FORM 990-PF

## OTHER INCOME

## STATEMENT 2

| DESCRIPTION                               | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|---|-----------------------|---------------------------|-------------------------|
| INTEREST INCOME - PRI PASSED THROUGH K-1S | 2,263.                | 2,263.                    |                         |
| RETURNED GRANT FUNDS                      | 0.                    | 4,890,615.                |                         |
|   | 19,552.               | 0.                        |                         |
| TOTAL TO FORM 990-PF, PART I, LINE 11     | 21,815.               | 4,892,878.                |                         |

## FORM 990-PF

## LEGAL FEES

## STATEMENT 3

| DESCRIPTION                | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| LEGAL FEES                 | 5,190.                 | 0.                        |                         | 5,190.                  |
| TO FM 990-PF, PG 1, LN 16A | 5,190.                 | 0.                        |                         | 5,190.                  |

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 4

| DESCRIPTION                  | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| ACCOUNTING FEES              | 26,300.                | 6,575.                    |                         | 19,725.                 |
| TO FORM 990-PF, PG 1, LN 16B | 26,300.                | 6,575.                    |                         | 19,725.                 |

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| INVESTMENT MANAGEMENT FEES   | 1,106,758.                   | 1,106,758.                        |                               | 0.                            |
| EVALUATION CONSULTANTS       | 79,734.                      | 0.                                |                               | 79,734.                       |
| PROGRAM CONSULTANTS          | 348,560.                     | 0.                                |                               | 348,560.                      |
| TO FORM 990-PF, PG 1, LN 16C | 1,535,052.                   | 1,106,758.                        |                               | 428,294.                      |

## FORM 990-PF

## TAXES

## STATEMENT 6

| DESCRIPTION                         | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL TAXES<br>PASSED THROUGH K-1 | 122,421.                     | 0.                                |                               | 0.                            |
| NYS FILING FEES                     | 0.                           | 72,879.                           |                               | 0.                            |
|                                     | 1,500.                       | 0.                                |                               | 1,500.                        |
| TO FORM 990-PF, PG 1, LN 18         | 123,921.                     | 72,879.                           |                               | 1,500.                        |

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

| DESCRIPTION                           | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|---------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| TELEPHONE/ELECTRONIC<br>COMMUNICATION | 43,092.                      | 0.                                |                               | 43,092.                       |
| OFFICE EXPENSE                        | 84,843.                      | 0.                                |                               | 84,843.                       |
| INSURANCE                             | 4,169.                       | 0.                                |                               | 4,169.                        |
| SPONSORED EVENTS                      | 8,924.                       | 0.                                |                               | 8,924.                        |
| MAINTENANCE EXPENSE                   | 31,483.                      | 0.                                |                               | 31,483.                       |
| MISCELLANEOUS EXPENSE                 | 16,285.                      | 0.                                |                               | 16,285.                       |
| MEMBERSHIP DUES                       | 7,523.                       | 0.                                |                               | 7,523.                        |
| PASSED THROUGH K-1                    | 0.                           | 199,193.                          |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 23           | 196,319.                     | 199,193.                          |                               | 196,319.                      |



FORM 990-PF

CORPORATE STOCK

STATEMENT 8

| DESCRIPTION                             | BOOK VALUE  | FAIR MARKET VALUE |
|---|-------------|-------------------|
| ARISTOTLE SMALL CAP EQUITY FUND         | 2,401,939.  | 2,401,939.        |
| EDGEWOOD                                | 8,870,949.  | 8,870,949.        |
| HARBOR DIVERSIFIED                      | 8,639,860.  | 8,639,860.        |
| VANGUARD EMG MARKETS INDEX              | 3,907,861.  | 3,907,861.        |
| VANGUARD TOTAL INTL STOCK               | 7,870,734.  | 7,870,734.        |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 31,691,343. | 31,691,343.       |

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 9

| DESCRIPTION  | VALUATION METHOD | BOOK VALUE   | FAIR MARKET VALUE |
|--|------------------|--------------|-------------------|
| AG REALTY VALUE FUND X, LP                         | FMV              | 772,397.     | 772,397.          |
| DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, LP        | FMV              | 2,531,172.   | 2,531,172.        |
| DRAKE  | FMV              | 10,333,724.  | 10,333,724.       |
| DRUM SPECIAL SITUATIONS PARTNERS IV LP             | FMV              | 690,323.     | 690,323.          |
| FIDELITY   | FMV              | 6,041,907.   | 6,041,907.        |
| FPA CRESCENT                                       | FMV              | 2,146,353.   | 2,146,353.        |
| GOVERNORS LANE OFFSHORE FUND, LTD                  | FMV              | 2,286,772.   | 2,286,772.        |
| GREENSPRING GLOBAL PARTNERS IX LP                  | FMV              | 781,542.     | 781,542.          |
| GREENSPRING GLOBAL PARTNERS VIII LP                | FMV              | 987,641.     | 987,641.          |
| GREENSPRING GLOBAL PARTNERS X LP                   | FMV              | 50,050.      | 50,050.           |
| IRONSIDE PARTNERSHIP FUND                          | FMV              | 296,747.     | 296,747.          |
| LAKEWOOD CAPITAL OFFSHORE FUND, LTD                | FMV              | 2,006,722.   | 2,006,722.        |
| LANDMARK EQUITY PARTNERS XVI LP                    | FMV              | 942,962.     | 942,962.          |
| NEWBURY EQUITY PARTNERS V                          | FMV              | 31,438.      | 31,438.           |
| RCP FUND XI  | FMV              | 1,614,161.   | 1,614,161.        |
| RCP FUND XII                                       | FMV              | 1,101,130.   | 1,101,130.        |
| RIVERSIDE CAPITAL APPRECIATION FUND VII-A, LP      | FMV              | 636,151.     | 636,151.          |
| SEAPORT GLOBAL PROPERTY SECURITIES FUND, L.P (AEW) | FMV              | 5,963,336.   | 5,963,336.        |
| SILCHESTER   | FMV              | 12,844,060.  | 12,844,060.       |
| SOUTHPOINT QUALIFIED OFFSHORE FUND, LTD            | FMV              | 2,296,824.   | 2,296,824.        |
| SSGA 500 INDEX                                     | FMV              | 25,246,855.  | 25,246,855.       |
| SSGA CUSTOM REAL ASSET                             | FMV              | 5,948,201.   | 5,948,201.        |
| THE RESOLUTE FUND IV, L.P                          | FMV              | 1,495,600.   | 1,495,600.        |
| VANGUARD INT GOVT BOND INDEX                       | FMV              | 2,109,566.   | 2,109,566.        |
| VANGUARD INTERMEDIATE                              | FMV              | 4,646,811.   | 4,646,811.        |
| VARDE CREDIT PARTNERS (OFFSHORE), LTD              | FMV              | 2,112,024.   | 2,112,024.        |
| WELLINGTON EMERGING MARKETS LOCAL EQUITY (2)       | FMV              | 2,779,717.   | 2,779,717.        |
| WELLINGTON SMID CAP RESEARCH EQUITY                | FMV              | 4,629,086.   | 4,629,086.        |
| WHI REAL ESTATE                                    | FMV              | 67,364.      | 67,364.           |
| WNY IMPACT FUND                                    | FMV              | 699,390.     | 699,390.          |
| TOTAL TO FORM 990-PF, PART II, LINE 13             |                  | 104,090,026. | 104,090,026.      |

## FORM 990-PF

## DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

## STATEMENT 10

| DESCRIPTION                    | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|--------------------------------|---------------------|--------------------------|------------|
| FURNITURE-(2)4DR LATERAL FILES | 734.                | 734.                     | 0.         |
| FILE CABINET                   | 580.                | 580.                     | 0.         |
| BOOKCASES                      | 366.                | 366.                     | 0.         |
| LEASEHOLD IMPROVEMENTS-LARKIN  | 12,427.             | 12,427.                  | 0.         |
| 8 CHAIRS (KNOLL)               | 3,557.              | 3,557.                   | 0.         |

|  |         |         |         |
|--|---------|---------|---------|
| 4 RECTANGULAR TABLES   | 777.    | 777.    | 0.      |
| SYRACUSE IMPROVEMENT   | 20,000. | 20,000. | 0.      |
| BUFFALO IMPROVEMENTS   | 56,566. | 55,901. | 665.    |
| OFFICE FURNITURE - BUFFALO   | 8,833.  | 8,833.  | 0.      |
| VIDEO CONFERENCING EQUIPMENT -<br>BUFFALO                          | 47,194. | 47,194. | 0.      |
| VIDEO CONFERENCE UPGRADE<br>ERGONOMIC CHAIRS & OFFICE<br>FURNITURE | 7,105.  | 7,105.  | 0.      |
| 6,264.   | 6,264.  | 0.      |         |
| VIDEO 190 - UPGRADE TO<br>CONFERENCE ROOM                          | 467.    | 467.    | 0.      |
| MONITORS AND PROJECTOR<br>FURNITURE                                | 1,518.  | 1,518.  | 0.      |
| 830.   | 830.    | 0.      |         |
| SIGN IN FRONT OFFICE   | 3,150.  | 3,150.  | 0.      |
| RE/FE SOFTWARE   | 45,453. | 45,453. | 0.      |
| GE SOFTWARE  | 42,545. | 42,545. | 0.      |
| GE IMPLEMENTATION  | 3,555.  | 3,555.  | 0.      |
| PRESIDENT'S OFFICE GUEST<br>CHAIRS                                 | 1,075.  | 1,075.  | 0.      |
| POLYCOM - SYRACUSE   | 959.    | 959.    | 0.      |
| POLYCOM - BUFFALO  | 1,457.  | 1,457.  | 0.      |
| DELL SERVER  | 4,903.  | 4,903.  | 0.      |
| BUFFALO OFFICE EXPANSION 2014                                      | 82,478. | 53,611. | 28,867. |
| BUFFALO OFFICE FURNITURE   | 23,721. | 15,221. | 8,500.  |
| TERMINAL SERVER  | 6,615.  | 6,615.  | 0.      |
| REPLACEMENT UPS  | 950.    | 950.    | 0.      |
| COMPUTER AND TWO MONITORS  | 1,077.  | 1,077.  | 0.      |
| COMPUTER - PRESIDENTS OFFICE                                       | 770.    | 770.    | 0.      |
| LOGITECH HD PRO WEBCAMS  | 783.    | 783.    | 0.      |
| OFFICE ART PROJECT   | 11,353. | 11,353. | 0.      |
| SYRACUSE OFFICE FURNITURE  | 9,167.  | 6,657.  | 2,510.  |
| LCO BUFFALO OFFICE PAINTING  | 1,260.  | 1,260.  | 0.      |
| HP PROBOOK 655 G1 15.6"<br>NOTEBOOK                                | 834.    | 778.    | 56.     |
| HP 2012 230 W DOCKING STATION                                      | 236.    | 212.    | 24.     |
| LOCKING BOOKCASE   | 258.    | 232.    | 26.     |
| NETWORK SWITCH'S FOR ZULTYS<br>PHONE SYSTEM                        | 1,683.  | 1,548.  | 135.    |
| ZULTYS VOIP PHONE SYSTEM   | 23,863. | 10,738. | 13,125. |
| HP PROBOOK 450 G3 15.6"<br>TOUCHSCREEN NOTEBOOK                    | 865.    | 865.    | 0.      |
| LAPTOP AND DOCKING STATION   | 1,030.  | 1,030.  | 0.      |
| HFWCNY HALL SIGN   | 1,005.  | 1,005.  | 0.      |
| FIVE DRAWER FILE CABINET   | 1,053.  | 639.    | 414.    |
| DELL OPTIPLEX 3040 DESKTOP<br>COMPUTER                             | 1,129.  | 1,129.  | 0.      |
| PRO BOOK (HP) DOCKING<br>STATION/MONITORS                          | 1,801.  | 1,801.  | 0.      |
| FURNITURE FOR PRESIDENTS<br>OFFICE                                 | 10,408. | 3,817.  | 6,591.  |
| 4 - VARICHAIRS   | 762.    | 354.    | 408.    |
| 8 - VARIDESKS  | 5,166.  | 2,398.  | 2,768.  |
| RICOH COLOR COPIER   | 8,905.  | 2,597.  | 6,308.  |
| SMALL TRAVEL LAPTOP -<br>PRESIDENT                                 | 1,680.  | 1,633.  | 47.     |
| BROTHER PRINTER - PRESIDENTS<br>OFFICE                             | 380.    | 317.    | 63.     |
| 5 - DOCKING STATIONS   | 1,493.  | 1,244.  | 249.    |

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|   |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| 5-DELL LAPTOPS _ PROGRAM TEAM             | 6,795.          | 5,662.          | 1,133.          |
| SONIC WALL                                | 1,607.          | 1,517.          | 90.             |
| VP OF FINANCE COMPUTER                    | 1,334.          | 1,075.          | 259.            |
| OFFICE MANAGER COMPUTER                   | 1,334.          | 1,075.          | 259.            |
| GRANTS MANAGER COMPUTER                   | 1,333.          | 1,074.          | 259.            |
| VP OF FINANCE - MONITORS                  | 488.            | 393.            | 95.             |
| OFFICE MANAGER - MONITORS                 | 488.            | 393.            | 95.             |
| GRANTS MANAGER - MONITORS                 | 488.            | 393.            | 95.             |
| SERVER OPERATING SYSTEM_MS                |                 |                 |                 |
| OFFICE LICENSES                           | 499.            | 499.            | 0.              |
| SYRACUSE OFFICE PAINTING                  | 4,300.          | 2,007.          | 2,293.          |
| DELL LAPTOP CUSTOM BUILT                  | 1,567.          | 1,175.          | 392.            |
| DELL DOCKING STATION                      | 295.            | 221.            | 74.             |
| RICOH COPY MACHINE                        | 5,936.          | 1,187.          | 4,749.          |
| SYRACUSE OFFICE FURNITURE -<br>2019       | 11,416.         | 2,283.          | 9,133.          |
| RICOH PROJECTOR                           | 1,525.          | 890.            | 635.            |
| 2 - VARICHAIRS                            | 390.            | 93.             | 297.            |
| HP PROBOOK 455R                           | 742.            | 350.            | 392.            |
| HP DOCKING STATION                        | 239.            | 113.            | 126.            |
| 2 - 24" DELL MONITORS                     | 472.            | 223.            | 249.            |
| CONFERENCE ROOM LAPTOP                    | 739.            | 328.            | 411.            |
| SONIC WALL NETWORK FIREWALL               | 880.            | 318.            | 562.            |
| UBITQUITI EDGESWITCH                      | 999.            | 305.            | 694.            |
| USER UPGRADE TO ZULTYS PHONE<br>SYSTEM    | 932.            | 78.             | 854.            |
| HOME WORKSTATION                          | 4,225.          | 0.              | 4,225.          |
| MONITOR FOR ASSET 151                     | 710.            | 0.              | 710.            |
| LAPTOP K OLDEN                            | 1,704.          | 0.              | 1,704.          |
| <b>TOTAL TO FM 990-PF, PART II, LN 14</b> | <b>522,477.</b> | <b>421,936.</b> | <b>100,541.</b> |

| FORM 990-PF                             | OTHER ASSETS                  |                           | STATEMENT 11         |
|---|-------------------------------|---------------------------|----------------------|
| DESCRIPTION                             | BEGINNING OF<br>YR BOOK VALUE | END OF YEAR<br>BOOK VALUE | FAIR MARKET<br>VALUE |
| DEFERRED COMPENSATION                   | 209,231.                      | 176,887.                  | 176,887.             |
| PROGRAM RELATED INVESTMENT              | 114,741.                      | 67,529.                   | 67,529.              |
| <b>TO FORM 990-PF, PART II, LINE 15</b> | <b>323,972.</b>               | <b>244,416.</b>           | <b>244,416.</b>      |

| FORM 990-PF                                   | OTHER LIABILITIES |                 | STATEMENT 12 |
|---|-------------------|-----------------|--------------|
| DESCRIPTION                                   | BOY AMOUNT        | EOY AMOUNT      |              |
| DEFERRED COMPENSATION LIABILITY               | 209,231.          | 176,887.        |              |
| <b>TOTAL TO FORM 990-PF, PART II, LINE 22</b> | <b>209,231.</b>   | <b>176,887.</b> |              |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| CHERYL SMITH FISHER<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210                | CHAIR<br>4.00            | 0.                | 0.                              | 0.                 |
| VINCENT J. MANCUSO<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210                 | TREASURER<br>4.00        | 0.                | 0.                              | 0.                 |
| ANN SEDORE<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202                      | VICE CHAIR<br>4.00       | 0.                | 0.                              | 0.                 |
| MARYBETH K. MCCALL, M.D.<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202        | SECRETARY<br>4.00        | 0.                | 0.                              | 0.                 |
| LISA D. ALFORD<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202                  | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |
| RICHARD BATTAGLIA, MD FACP<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210         | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |
| CHIMA CHIONUMA, MD, FAAP, CHCQM<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202 | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |
| JOSEPH J. COZZO, MA, MS, LMHC<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210      | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |
| RAY R. D'AGOSTINO<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202               | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |
| ANDREW W. DORN, JR.<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210                | TRUSTEE<br>4.00          | 0.                | 0.                              | 0.                 |

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|   |                                    |          |         |    |
|---|------------------------------------|----------|---------|----|
| DENISE DUNFORD, DNS, FNP, RN<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210 | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| LEANNE F. FISCOE<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202          | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| CARRIE B. FRANK<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210              | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| JOANNE E. HAEFNER<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210            | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| DAVID A. MILLING, MD<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210         | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| CYNTHIA RICH<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210                 | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| MICHAEL D. SHAFFER, CPA<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202   | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| CAROL WHITWOOD<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202            | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| GARY E. WILLIAMS, JR.<br>431 E. FAYETTE STREET, SUITE 250<br>SYRACUSE, NY 13202     | TRUSTEE<br>4.00                    | 0.       | 0.      | 0. |
| NORA OBRIEN-SURIC<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210            | PRESIDENT<br>40.00                 | 252,720. | 11,507. | 0. |
| CAROL QUARANTILLO<br>726 EXCHANGE STREET, SUITE 518<br>BUFFALO, NY 14210            | VICE PRESIDENT OF FINANCE<br>40.00 | 109,560. | 13,360. | 0. |

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

|          |         |    |
|----------|---------|----|
| 362,280. | 24,867. | 0. |
|----------|---------|----|

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

ACTIVITY THREE

SAY YES HEALTH HOME CARE COORDINATORS - INCREASE CAPACITY TO MEET THE NEEDS OF ITS YOUNGEST STUDENTS BY PLACING 2 ADDITIONAL CARE COORDINATORS IN BUFFALO PUBLIC SCHOOLS TO FOCUS ON SERVING YOUTH AGES 3-5.

EXPENSES

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

135,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY FOUR

PARTNERSHIPS FOR HEALTHY COMMUNITIES PHASE 2 - DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE LEARNING COLLABORATIVE THAT WILL GUIDE A COHORT OF TEAMS THROUGH THE PROCESS OF OPERATIONALIZING HEALTH AND AGE ACROSS ALL POLICIES TO ALIGN WITH STATE-LEVEL GUIDANCE.

EXPENSES

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

22,686.

FORM 990-PF

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

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DIANE OYLER  
726 EXCHANGE STREET, SUITE 518  
BUFFALO, NY 14210

TELEPHONE NUMBER

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES VARY BASED ON THE PROJECT. SEE FOUNDATION WEBSITE AT [WWW.HFVCNY.ORG](http://WWW.HFVCNY.ORG) FOR ADDITIONAL INFORMATION

RESTRICTIONS AND LIMITATIONS ON AWARDS

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.HFVCNY.ORG](http://WWW.HFVCNY.ORG) FOR ADDITIONAL INFORMATION)



2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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| Asset No. | Description                            | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 28        | FURNITURE- (2) 4DR LATERAL FILES       | 11/06/02      | SL     | .000 |      | 16       | 734.                     |            |                     |                      | 734.                   | 734.                               |                         | 0.                     | 734.                            |
| 29        | FILE CABINET                           | 04/08/03      | SL     | .000 |      | 16       | 580.                     |            |                     |                      | 580.                   | 580.                               |                         | 0.                     | 580.                            |
| 30        | BOOKCASES                              | 08/01/03      | SL     | .000 |      | 16       | 366.                     |            |                     |                      | 366.                   | 366.                               |                         | 0.                     | 366.                            |
| 41        | LEASEHOLD IMPROVEMENTS-LARKIN          | 03/29/07      | SL     | .000 |      | 16       | 12,427.                  |            |                     |                      | 12,427.                | 12,427.                            |                         | 0.                     | 12,427.                         |
| 43        | 8 CHAIRS (KNOLL)                       | 06/02/10      | SL     | .000 |      | 16       | 3,557.                   |            |                     |                      | 3,557.                 | 3,557.                             |                         | 0.                     | 3,557.                          |
| 44        | 4 RECTANGULAR TABLES                   | 06/02/10      | SL     | .000 |      | 16       | 777.                     |            |                     |                      | 777.                   | 777.                               |                         | 0.                     | 777.                            |
| 48        | SYRACUSE IMPROVEMENT                   | 12/20/10      | SL     | .000 |      | 16       | 20,000.                  |            |                     |                      | 20,000.                | 20,000.                            |                         | 0.                     | 20,000.                         |
| 49        | BUFFALO IMPROVEMENTS                   | 12/20/10      | SL     | .000 |      | 16       | 56,566.                  |            |                     |                      | 56,566.                | 55,901.                            |                         | 0.                     | 55,901.                         |
| 50        | OFFICE FURNITURE - BUFFALO             | 12/21/10      | SL     | .000 |      | 16       | 8,833.                   |            |                     |                      | 8,833.                 | 8,833.                             |                         | 0.                     | 8,833.                          |
| 55        | VIDEO CONFENCING EQUIPMENT - BUFFALO   | 04/08/11      | SL     | .000 |      | 16       | 47,194.                  |            |                     |                      | 47,194.                | 47,194.                            |                         | 0.                     | 47,194.                         |
| 65        | VIDEO CONFERENCE UPGRADE               | 05/31/12      | SL     | .000 |      | 16       | 7,105.                   |            |                     |                      | 7,105.                 | 7,105.                             |                         | 0.                     | 7,105.                          |
| 67        | ERGONOMIC CHAIRS & OFFICE FURNITURE    | 07/16/12      | SL     | .000 |      | 16       | 6,264.                   |            |                     |                      | 6,264.                 | 6,264.                             |                         | 0.                     | 6,264.                          |
| 68        | VIDEO 190 - UPGRADE TO CONFERENCE ROOM | 07/02/12      | SL     | .000 |      | 16       | 467.                     |            |                     |                      | 467.                   | 467.                               |                         | 0.                     | 467.                            |
| 69        | MONITORS AND PROJECTOR                 | 08/22/12      | SL     | .000 |      | 16       | 1,518.                   |            |                     |                      | 1,518.                 | 1,518.                             |                         | 0.                     | 1,518.                          |
| 70        | FURNITURE                              | 08/22/12      | SL     | .000 |      | 16       | 830.                     |            |                     |                      | 830.                   | 830.                               |                         | 0.                     | 830.                            |
| 71        | SIGN IN FRONT OFFICE                   | 09/14/12      | SL     | .000 |      | 16       | 3,150.                   |            |                     |                      | 3,150.                 | 3,150.                             |                         | 0.                     | 3,150.                          |
| 75        | RE/FE SOFTWARE                         | 01/01/13      | SL     | .000 |      | 16       | 45,453.                  |            |                     |                      | 45,453.                | 45,453.                            |                         | 0.                     | 45,453.                         |
| 76        | GE SOFTWARE                            | 01/01/13      | SL     | .000 |      | 16       | 42,545.                  |            |                     |                      | 42,545.                | 42,545.                            |                         | 0.                     | 42,545.                         |

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description                      | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec. 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|----------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|--------------------------|------------------------|---------------------------------|
| 79        | GE IMPLEMENTATION                | 01/01/13      | SL     | .000 |      | 16       | 3,555.                   |            |                     |                      | 3,555.                 | 3,555.                             |                          | 0.                     | 3,555.                          |
| 82        | PRESIDENT'S OFFICE GUEST CHAIRS  | 08/12/13      | SL     | .000 |      | 16       | 1,075.                   |            |                     |                      | 1,075.                 | 1,075.                             |                          | 0.                     | 1,075.                          |
| 83        | POLYCOM - SYRACUSE               | 08/01/13      | SL     | .000 |      | 16       | 959.                     |            |                     |                      | 959.                   | 959.                               |                          | 0.                     | 959.                            |
| 84        | POLYCOM - BUFFALO                | 08/01/13      | SL     | .000 |      | 16       | 1,457.                   |            |                     |                      | 1,457.                 | 1,457.                             |                          | 0.                     | 1,457.                          |
| 85        | DELL SERVER                      | 08/01/13      | SL     | .000 |      | 16       | 4,903.                   |            |                     |                      | 4,903.                 | 4,903.                             |                          | 0.                     | 4,903.                          |
| 93        | BUFFALO OFFICE EXPANSION 2014    | 07/15/14      | SL     | .000 |      | 16       | 82,478.                  |            |                     |                      | 82,478.                | 53,611.                            |                          | 0.                     | 53,611.                         |
| 94        | BUFFALO OFFICE FURNITURE         | 08/01/14      | SL     | .000 |      | 16       | 23,721.                  |            |                     |                      | 23,721.                | 15,221.                            |                          | 0.                     | 15,221.                         |
| 96        | TERMINAL SERVER                  | 10/17/14      | SL     | .000 |      | 16       | 6,615.                   |            |                     |                      | 6,615.                 | 6,615.                             |                          | 0.                     | 6,615.                          |
| 98        | REPLACEMENT UPS                  | 12/23/14      | SL     | .000 |      | 16       | 950.                     |            |                     |                      | 950.                   | 950.                               |                          | 0.                     | 950.                            |
| 99        | COMPUTER AND TWO MONITORS        | 01/14/15      | SL     | .000 |      | 16       | 1,077.                   |            |                     |                      | 1,077.                 | 1,077.                             |                          | 0.                     | 1,077.                          |
| 101       | COMPUTER - PRESIDENTS OFFICE     | 05/01/15      | SL     | .000 |      | 16       | 770.                     |            |                     |                      | 770.                   | 770.                               |                          | 0.                     | 770.                            |
| 102       | LOGITECH HD PRO WEBCAMS          | 07/01/15      | SL     | .000 |      | 16       | 783.                     |            |                     |                      | 783.                   | 783.                               |                          | 0.                     | 783.                            |
| 107       | OFFICE ART PROJECT               | 12/31/15      | SL     | .000 |      | 16       | 11,353.                  |            |                     |                      | 11,353.                | 11,353.                            |                          | 0.                     | 11,353.                         |
| 108       | SYRACUSE OFFICE FURNITURE        | 12/08/15      | SL     | .000 |      | 16       | 9,167.                   |            |                     |                      | 9,167.                 | 6,657.                             |                          | 0.                     | 6,657.                          |
| 109       | LCO BUFFALO OFFICE PAINTING      | 01/01/16      | SL     | .000 |      | 16       | 1,260.                   |            |                     |                      | 1,260.                 | 1,260.                             |                          | 0.                     | 1,260.                          |
| 110       | HP PROBOOK 655 G1 15.6" NOTEBOOK | 05/01/16      | SL     | .000 |      | 16       | 834.                     |            |                     |                      | 834.                   | 778.                               |                          | 0.                     | 778.                            |
| 111       | HP 2012 230 W DOCKING STATION    | 05/31/16      | SL     | .000 |      | 16       | 236.                     |            |                     |                      | 236.                   | 212.                               |                          | 0.                     | 212.                            |
| 112       | LOCKING BOOKCASE                 | 05/01/16      | SL     | .000 |      | 16       | 258.                     |            |                     |                      | 258.                   | 232.                               |                          | 0.                     | 232.                            |

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description                                  | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 113       | NETWORK SWITCH'S FOR ZULTY'S PHONE SYSTEM    | 07/13/16      | SL     | .000 |      | 16       | 1,683.                   |            |                     |                      | 1,683.                 | 1,548.                             |                         | 0.                     | 1,548.                          |
| 114       | ZULTY'S VOIP PHONE SYSTEM                    | 07/20/16      | SL     | .000 |      | 16       | 23,863.                  |            |                     |                      | 23,863.                | 10,738.                            |                         | 0.                     | 10,738.                         |
| 115       | HP PROBOOK 450 G3 15.6" TOUCHSCREEN NOTEBOOK | 08/15/16      | SL     | .000 |      | 16       | 865.                     |            |                     |                      | 865.                   | 865.                               |                         | 0.                     | 865.                            |
| 116       | LAPTOP AND DOCKING STATION                   | 08/01/16      | SL     | .000 |      | 16       | 1,030.                   |            |                     |                      | 1,030.                 | 1,030.                             |                         | 0.                     | 1,030.                          |
| 117       | HFWCNY HALL SIGN                             | 09/14/16      | SL     | .000 |      | 16       | 1,005.                   |            |                     |                      | 1,005.                 | 1,005.                             |                         | 0.                     | 1,005.                          |
| 118       | FIVE DRAWER FILE CABINET                     | 10/14/16      | SL     | .000 |      | 16       | 1,053.                   |            |                     |                      | 1,053.                 | 639.                               |                         | 0.                     | 639.                            |
| 119       | DELL OPTIPLEX 3040 DESKTOP COMPUTER          | 01/01/17      | SL     | .000 |      | 16       | 1,129.                   |            |                     |                      | 1,129.                 | 1,129.                             |                         | 0.                     | 1,129.                          |
| 120       | PRO BOOK (HP) DOCKING STATION/MONITORS       | 02/20/17      | SL     | .000 |      | 16       | 1,801.                   |            |                     |                      | 1,801.                 | 1,801.                             |                         | 0.                     | 1,801.                          |
| 121       | FURNITURE FOR PRESIDENTS OFFICE              | 05/01/17      | SL     | .000 |      | 16       | 10,408.                  |            |                     |                      | 10,408.                | 3,817.                             |                         | 0.                     | 3,817.                          |
| 122       | 4 - VARICHAIRS                               | 10/01/17      | SL     | .000 |      | 16       | 762.                     |            |                     |                      | 762.                   | 354.                               |                         | 0.                     | 354.                            |
| 123       | 8 - VARIDESKS                                | 10/01/17      | SL     | .000 |      | 16       | 5,166.                   |            |                     |                      | 5,166.                 | 2,398.                             |                         | 0.                     | 2,398.                          |
| 124       | RICOH COLOR COPIER                           | 02/01/18      | SL     | .000 |      | 16       | 8,905.                   |            |                     |                      | 8,905.                 | 2,597.                             |                         | 0.                     | 2,597.                          |
| 125       | SMALL TRAVEL LAPTOP - PRESIDENT              | 02/26/18      | SL     | .000 |      | 16       | 1,680.                   |            |                     |                      | 1,680.                 | 1,633.                             |                         | 0.                     | 1,633.                          |
| 126       | BROTHER PRINTER - PRESIDENTS OFFICE          | 02/26/18      | SL     | .000 |      | 16       | 380.                     |            |                     |                      | 380.                   | 317.                               |                         | 0.                     | 317.                            |
| 127       | 5 - DOCKING STATIONS                         | 02/26/18      | SL     | .000 |      | 16       | 1,493.                   |            |                     |                      | 1,493.                 | 1,244.                             |                         | 0.                     | 1,244.                          |
| 128       | 5-DELL LAPTOPS - PROGRAM TEAM                | 02/26/18      | SL     | .000 |      | 16       | 6,795.                   |            |                     |                      | 6,795.                 | 5,662.                             |                         | 0.                     | 5,662.                          |
| 129       | SONIC WALL                                   | 03/01/18      | SL     | .000 |      | 16       | 1,607.                   |            |                     |                      | 1,607.                 | 1,517.                             |                         | 0.                     | 1,517.                          |
| 130       | VP OF FINANCE COMPUTER                       | 08/14/18      | SL     | .000 |      | 16       | 1,334.                   |            |                     |                      | 1,334.                 | 1,075.                             |                         | 0.                     | 1,075.                          |

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description                                | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 131       | OFFICE MANAGER COMPUTER                    | 08/14/18      | SL     | .000 |      | 16       | 1,334.                   |            |                     |                      | 1,334.                 | 1,075.                             |                         | 0.                     | 1,075.                          |
| 132       | GRANTS MANAGER COMPUTER                    | 08/14/18      | SL     | .000 |      | 16       | 1,333.                   |            |                     |                      | 1,333.                 | 1,074.                             |                         | 0.                     | 1,074.                          |
| 133       | VP OF FINANCE - MONITORS                   | 08/14/18      | SL     | .000 |      | 16       | 488.                     |            |                     |                      | 488.                   | 393.                               |                         | 0.                     | 393.                            |
| 134       | OFFICE MANAGER - MONITORS                  | 08/14/18      | SL     | .000 |      | 16       | 488.                     |            |                     |                      | 488.                   | 393.                               |                         | 0.                     | 393.                            |
| 135       | GRANTS MANAGER - MONITORS                  | 08/30/18      | SL     | .000 |      | 16       | 488.                     |            |                     |                      | 488.                   | 393.                               |                         | 0.                     | 393.                            |
| 136       | SERVER OPERATING SYSTEM_MS OFFICE LICENSES | 08/14/18      | SL     | .000 |      | 16       | 499.                     |            |                     |                      | 499.                   | 499.                               |                         | 0.                     | 499.                            |
| 137       | SYRACUSE OFFICE PAINTING                   | 09/01/18      | SL     | .000 |      | 16       | 4,300.                   |            |                     |                      | 4,300.                 | 2,007.                             |                         | 0.                     | 2,007.                          |
| 138       | DELL LAPTOP CUSTOM BUILT                   | 10/22/18      | SL     | .000 |      | 16       | 1,567.                   |            |                     |                      | 1,567.                 | 1,175.                             |                         | 0.                     | 1,175.                          |
| 139       | DELL DOCKING STATION                       | 10/22/18      | SL     | .000 |      | 16       | 295.                     |            |                     |                      | 295.                   | 221.                               |                         | 0.                     | 221.                            |
| 140       | RICOH COPY MACHINE                         | 01/24/19      | SL     | .000 |      | 16       | 5,936.                   |            |                     |                      | 5,936.                 | 1,187.                             |                         | 0.                     | 1,187.                          |
| 141       | SYRACUSE OFFICE FURNITURE - 2019           | 01/09/19      | SL     | .000 |      | 16       | 11,416.                  |            |                     |                      | 11,416.                | 2,283.                             |                         | 0.                     | 2,283.                          |
| 142       | RICOH PROJECTOR                            | 04/12/19      | SL     | .000 |      | 16       | 1,525.                   |            |                     |                      | 1,525.                 | 890.                               |                         | 0.                     | 890.                            |
| 143       | 2 - VARICHAIRS                             | 05/01/19      | SL     | .000 |      | 16       | 390.                     |            |                     |                      | 390.                   | 93.                                |                         | 0.                     | 93.                             |
| 144       | HP PROBOOK 455R                            | 08/16/19      | SL     | .000 |      | 16       | 742.                     |            |                     |                      | 742.                   | 350.                               |                         | 0.                     | 350.                            |
| 145       | HP DOCKING STATION                         | 08/16/19      | SL     | .000 |      | 16       | 239.                     |            |                     |                      | 239.                   | 113.                               |                         | 0.                     | 113.                            |
| 146       | 2 - 24" DELL MONITORS                      | 08/16/19      | SL     | .000 |      | 16       | 472.                     |            |                     |                      | 472.                   | 223.                               |                         | 0.                     | 223.                            |
| 147       | CONFERENCE ROOM LAPTOP                     | 09/15/19      | SL     | .000 |      | 16       | 739.                     |            |                     |                      | 739.                   | 328.                               |                         | 0.                     | 328.                            |
| 148       | SONIC WALL NETWORK FIREWALL                | 12/31/19      | SL     | .000 |      | 16       | 880.                     |            |                     |                      | 880.                   | 318.                               |                         | 0.                     | 318.                            |

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description                         | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 149       | UBITQUITI EDGESWITCH                | 02/13/20      | SL     | .000 |      | 16       | 999.                     |            |                     |                      | 999.                   | 305.                               |                         | 0.                     | 305.                            |
| 150       | USER UPGRADE TO ZULTYS PHONE SYSTEM | 03/23/20      | SL     | .000 |      | 16       | 932.                     |            |                     |                      | 932.                   | 78.                                |                         | 0.                     | 78.                             |
| 151       | HOME WORKSTATION                    | 07/30/20      | SL     | .000 |      | 16       | 4,225.                   |            |                     |                      | 4,225.                 |                                    |                         | 0.                     |                                 |
| 152       | MONITOR FOR ASSET 151               | 07/30/20      | SL     | .000 |      | 16       | 710.                     |            |                     |                      | 710.                   |                                    |                         | 0.                     |                                 |
| 153       | LAPTOP K OLDEN                      | 07/30/20      | SL     | .000 |      | 16       | 1,704.                   |            |                     |                      | 1,704.                 |                                    |                         | 0.                     |                                 |
|           | * TOTAL 990-PF PG 1 DEPR            |               |        |      |      |          | 522,477.                 |            |                     |                      | 522,477.               | 421,936.                           |                         | 0.                     | 421,936.                        |
|           | CURRENT YEAR ACTIVITY               |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
|           | BEGINNING BALANCE                   |               |        |      |      |          | 513,907.                 |            |                     | 0.                   | 513,907.               | 421,553.                           |                         |                        | 421,553.                        |
|           | ACQUISITIONS                        |               |        |      |      |          | 8,570.                   |            |                     | 0.                   | 8,570.                 | 383.                               |                         |                        | 383.                            |
|           | DISPOSITIONS/RETIRED                |               |        |      |      |          | 0.                       |            |                     | 0.                   | 0.                     | 0.                                 |                         |                        | 0.                              |
|           | ENDING BALANCE                      |               |        |      |      |          | 522,477.                 |            |                     | 0.                   | 522,477.               | 421,936.                           |                         |                        | 421,936.                        |
|           | ENDING ACCUM DEPR                   |               |        |      |      |          |                          |            |                     |                      | 421,936.               |                                    |                         |                        |                                 |
|           | ENDING BOOK VALUE                   |               |        |      |      |          |                          |            |                     |                      | 100,541.               |                                    |                         |                        |                                 |

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2020

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                              |  |  |
|---|------------------------------|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) )<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL<br/>NEW YORK</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>726 EXCHANGE ST., NO. 518</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>BUFFALO, NY 14210</b></p> | <p><b>D</b> Employer identification number<br/><br/><b>22-3804398</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>136,933,602.</b></p>   |                              |  |  |

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **NORA O'BRIEN-SURIC** Telephone number ▶ **716-852-3030**

**Part I Total Unrelated Business Taxable Income**

|  |    |          |
|--|----|----------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | -26,979. |
| 2 Reserved .....   | 2  |          |
| 3 Add lines 1 and 2 .....  | 3  | -26,979. |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.       |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  | -26,979. |
| 6 Deduction for net operating loss. See instructions .....   | 6  | 0.       |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  | -26,979. |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000.   |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |          |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000.   |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.       |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |    |
| 4 Other tax amounts. See instructions .....   | 4 |    |
| 5 Alternative minimum tax (trusts only) .....   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Tax and Payments</b> |  |           |        |        |
|----------------------------------|--|-----------|--------|--------|
| 1a                               | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....  | <b>1a</b> |        |        |
| b                                | Other credits (see instructions) .....   | <b>1b</b> |        |        |
| c                                | General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |        |        |
| d                                | Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |        |        |
| e                                | <b>Total credits.</b> Add lines 1a through 1d .....  | <b>1e</b> |        |        |
| 2                                | Subtract line 1e from Part II, line 7 .....  | <b>2</b>  |        | 0.     |
| 3                                | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... | <b>3</b>  |        |        |
| 4                                | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   | <b>4</b>  |        | 0.     |
| 5                                | 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....   | <b>5</b>  |        | 0.     |
| 6a                               | Payments: A 2019 overpayment credited to 2020 .....  | <b>6a</b> | 5,000. |        |
| b                                | 2020 estimated tax payments. Check if section 643(g) election applies .....  | <b>6b</b> |        |        |
| c                                | Tax deposited with Form 8868 .....   | <b>6c</b> |        |        |
| d                                | Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |        |        |
| e                                | Backup withholding (see instructions) .....  | <b>6e</b> |        |        |
| f                                | Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |        |        |
| g                                | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....   | <b>6g</b> |        |        |
|                                  | <input type="checkbox"/> Form 4136 .....   |           |        |        |
| 7                                | <b>Total payments.</b> Add lines 6a through 6g .....   | <b>7</b>  |        | 5,000. |
| 8                                | Estimated tax penalty (see instructions). Check if Form 2220 is attached .....   | <b>8</b>  |        |        |
| 9                                | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  | <b>9</b>  |        |        |
| 10                               | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....   | <b>10</b> |        | 5,000. |
| 11                               | Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> 5,000. <b>Refunded</b> .....   | <b>11</b> |        | 0.     |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions) |  |            |           |
|---|--|------------|-----------|
| 1   | At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... | <b>Yes</b> | <b>No</b> |
|   |  |            | X         |
| 2   | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |            | X         |
|   | If "Yes," see instructions for other forms the organization may have to file.  |            |           |
| 3   | Enter the amount of tax-exempt interest received or accrued during the tax year .....  |            |           |
| 4a  | Did the organization change its method of accounting? (see instructions) .....   |            | X         |
| b   | If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |            |           |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

|                               |  |                              |                                 |   |
|-------------------------------|--|------------------------------|---------------------------------|---|
| <b>Sign Here</b>              | 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. |                              |                                 |   |
|                               | <b>Signature of officer</b> _____  | <b>Date</b> _____            | <b>PRESIDENT</b>                | <b>Title</b> _____  |
|                               |  |                              |                                 | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature         | Date                            | Check <input type="checkbox"/> if self-employed PTIN  |
|                               | SARAH M. HOPKINS   | SARAH M. HOPKINS             | 11/15/21                        | P02010701   |
|                               | Firm's name <b>LUMSDEN &amp; MCCORMICK, LLP</b>  | Firm's EIN <b>16-0765486</b> |                                 |   |
|                               | Firm's address <b>369 FRANKLIN STREET</b>  |                              | Phone no. <b>(716) 856-3300</b> |   |
|                               | Firm's address <b>BUFFALO, NY 14202</b>  |                              |                                 |   |