

**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 2021 or tax year beginning , and ending

Name of foundation <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>		<b>A Employer identification number</b> <b>22-3804398</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>726 EXCHANGE ST.</b>	Room/suite <b>518</b>	<b>B Telephone number</b> <b>716-852-3030</b>
City or town, state or province, country, and ZIP or foreign postal code <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 <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <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 <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) \$ <b>153,155,682.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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> <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	1,590,428.	1,590,428.		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	3,476,202.			
	<b>b</b> Gross sales price for all assets on line 6a	12,404,306.			
	<b>7</b> Capital gain net income (from Part IV, line 2)		3,476,202.		
	<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	2,886,729.	8,248,343.		STATEMENT 2	
<b>12 Total.</b> Add lines 1 through 11	7,953,359.	13,314,973.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	340,024.	0.		340,024.
	<b>14</b> Other employee salaries and wages	832,904.	0.		832,904.
	<b>15</b> Pension plans, employee benefits	249,633.	0.		249,633.
	<b>16a</b> Legal fees	61,828.	0.		61,828.
	<b>b</b> Accounting fees	27,800.	6,950.		20,850.
	<b>c</b> Other professional fees	1,686,208.	1,223,770.		462,438.
	<b>17</b> Interest				
	<b>18</b> Taxes	158,168.	105,438.		1,500.
	<b>19</b> Depreciation and depletion	28,858.	0.		
	<b>20</b> Occupancy	126,126.	0.		126,126.
	<b>21</b> Travel, conferences, and meetings	8,996.	0.		8,996.
	<b>22</b> Printing and publications	1,708.	0.		1,708.
	<b>23</b> Other expenses	257,763.	189,795.		257,763.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	3,780,016.	1,525,953.		2,363,770.
	<b>25</b> Contributions, gifts, grants paid	3,533,340.			3,489,042.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	7,313,356.	1,525,953.		5,852,812.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	640,003.				
<b>b Net investment income</b> (if negative, enter -0-)		11,789,020.			
<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 .....	242,239.	210,986.	210,986.
	2 Savings and temporary cash investments .....	524,037.	2,860,610.	2,860,610.
	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.	6,897.	6,897.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock ..... <b>STMT 8</b>	31,691,343.	33,770,292.	33,770,292.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ..... ▶			
Less: accumulated depreciation ..... ▶				
12 Investments - mortgage loans .....				
13 Investments - other ..... <b>STMT 9</b>	104,090,026.	116,037,102.	116,037,102.	
14 Land, buildings, and equipment: basis ..... ▶ <b>557,165.</b>				
Less: accumulated depreciation ..... <b>STMT 10</b> ▶ <b>450,794.</b>	100,541.	106,371.	106,371.	
15 Other assets (describe ..... <b>STATEMENT 11</b> )	244,416.	163,424.	163,424.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	136,933,602.	153,155,682.	153,155,682.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	2,741,134.	2,855,259.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....	200,000.		
	22 Other liabilities (describe ..... <b>STATEMENT 12</b> )	176,887.	144,543.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	3,118,021.	2,999,802.		
<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 .....	131,702,631.	147,861,093.	
	25 Net assets with donor restrictions .....	2,112,950.	2,294,787.	
	<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> .....	133,815,581.	150,155,880.		
30 <b>Total liabilities and net assets/fund balances</b> .....	136,933,602.	153,155,682.		

**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 (must agree with end-of-year figure reported on prior year's return) .....	1	133,815,581.
2 Enter amount from Part I, line 27a .....	2	640,003.
3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAINS ON INVESTMENTS</b> .....	3	15,700,296.
4 Add lines 1, 2, and 3 .....	4	150,155,880.
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	150,155,880.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED INVESTMENTS	P		
b NONPUBLICLY TRADED INVESTMENTS	P		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 7,848,715.		6,371,479.	1,477,236.
b 4,555,591.		2,556,625.	1,998,966.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			1,477,236.
b			1,998,966.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	3,476,202.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	N/A

**Part V 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. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	163,867.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	163,867.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....	5	163,867.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021 .....	6a	42,192.
b Exempt foreign organizations - tax withheld at source .....	6b	0.
c Tax paid with application for extension of time to file (Form 8868) .....	6c	73,000.
d Backup withholding erroneously withheld .....	6d	0.
7 Total credits and payments. Add lines 6a through 6d .....	7	115,192.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	96.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed .....	9	48,771.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....	10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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**Part VI-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? .....	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....	1b		X
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.			
c Did the foundation file Form 1120-POL for this year? .....	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....	2		X
If "Yes," attach a detailed description of the activities.			
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 .....	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	4a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	4b	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	6	X	
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 XIV .....	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <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 General Instruction G? If "No," attach explanation .....	8b	X	
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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	13	X	
Website address ▶ <u>WWW.HFWCNY.ORG</u>			
14 The books are in care of ▶ <u>NORA OBIEN-SURIC</u> Telephone no. ▶ <u>716-852-3030</u> Located at ▶ <u>726 EXCHANGE ST., SUITE 518, BUFFALO, NY</u> ZIP+4 ▶ <u>14210-1485</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	15	N/A	
16 At any time during calendar year 2021, 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? .....	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			

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**Part VI-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
<b>1a</b> 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? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(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)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		
<b>d</b> 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 2021? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 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 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2021? .....	4b	X

**Part VI-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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<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	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<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?		X

**Part VII** 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		322,260.	17,764.	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 PROGRAMS 40.00	131,132.	22,786.	0.
KENNETH GENEWICK - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	SENIOR PROGRAM OFFICER CAREGIVING 40.00	101,432.	20,966.	0.
KERRY JONES WARING - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	VICE PRESIDENT FOR COMMUNICATIONS 40.00	93,337.	22,522.	0.
MARNIE ANNESE - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	PROGRAM OFFICER 40.00	91,608.	6,484.	0.
CORALIE RAE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	GRANTS OFFICER 40.00	73,696.	21,054.	0.
<b>Total</b> number of other employees paid over \$50,000				0

**Part VII** 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 SUITE 834, BUFFALO, NY 14203	CONSULTING SERVICES	54,900.

Total number of others receiving over \$50,000 for professional services ..... 0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 14	912,569.
2 SEE STATEMENT 15	250,000.
3 SEE STATEMENT 16	150,000.
4 SEE STATEMENT 17	139,537.

**Part VIII-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	
<b>Total.</b> Add lines 1 through 3 .....	0.

**Part IX 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	140,387,593.
b	Average of monthly cash balances .....	1b	2,556,338.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	142,943,931.
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	142,943,931.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	2,144,159.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	140,799,772.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	7,039,989.

**Part X 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 IX, line 6 .....	1	7,039,989.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	163,867.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	163,867.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	6,876,122.
4	Recoveries of amounts treated as qualifying distributions .....	4	169,315.
5	Add lines 3 and 4 .....	5	7,045,437.
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 XII, line 1 .....	7	7,045,437.

**Part XI 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	5,852,812.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	34,688.
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 XII, line 4 .....	4	5,887,500.

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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7 .....				7,045,437.
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only .....			5,622,337.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016 .....				
<b>b</b> From 2017 .....				
<b>c</b> From 2018 .....				
<b>d</b> From 2019 .....				
<b>e</b> From 2020 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 5,887,500.				
<b>a</b> Applied to 2020, but not more than line 2a ...			5,622,337.	
<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 2021 distributable amount .....				265,163.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2021 (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 2020. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022 .....				6,780,274.
<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 2016 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017 ...				
<b>b</b> Excess from 2018 ...				
<b>c</b> Excess from 2019 ...				
<b>d</b> Excess from 2020 ...				
<b>e</b> Excess from 2021 ...				

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XIV 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 18**

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

c Any submission deadlines:

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

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> .....				<b>3a</b> 3,489,042.
<b>b</b> Approved for future payment				
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> .....				<b>3b</b> 2,785,432.

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

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....					
4 Dividends and interest from securities .....			14	1,590,428.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property .....					
b Not debt-financed property .....					
6 Net rental income or (loss) from personal property .....					
7 Other investment income .....			18	1,522.	2,763,104.
8 Gain or (loss) from sales of assets other than inventory .....			18	3,476,202.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a RETURNED GRANT FUNDS					122,103.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....			0.	5,068,152.	2,885,207.
13 Total. Add line 12, columns (b), (d), and (e) .....					13 7,953,359.

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

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
11	RETURNED GRANT FUNDS

**Part XVI** Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

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

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.

**Sign Here** Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
SARAH M. HOPKINS	SARAH M. HOPKINS	11/14/22		P02010701
Firm's name ▶ LUMSDEN & MCCORMICK, LLP			Firm's EIN ▶ 16-0765486	
Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202			Phone no. (716) 856-3300	

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
ABC CAYUGA INC. 63 GENESEE STREET, SUITE 1 AUBURN, NY 13021		501C3	ABC CAYUGA PLAYSACE EXPANDED SERVICES	20,000.
ADELPHI UNIVERSITY 1 SOUTH AVENUE GARDEN CITY, NY 11530		501C3	SOCIAL WORK PRACTIVE FELLOWS EXPANSION IN CNY	14,700.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	ONE CARING ADULT	8,120.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	35,000.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	1,000.
BELMONT HOUSING RESOURCES FOR WNY, INC. 1195 MAIN STREET BUFFALO, NY 14209		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	65,000.
BESTSELF BEHAVIORAL HEALTH, INC. 255 DELAWARE AVENUE, SUITE 300 BUFFALO, NY 14202		501C3	CALL TO ACTION: SAFE SLEEP	125,000.
<b>Total from continuation sheets</b>				<b>3,489,042.</b>

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

Recipient 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
BISON CHILDREN'S SCHOLARSHIP FUND, INC. 284 DELAWARE AVENUE BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	24,910.
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116		501C3	WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION	150,000.
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116		501C3	COMMUNITIES CARE WNY RESPITE PILOT	50,000.
BUFFALO PRENATAL-PERINATAL NETWORK 625 DELAWARE AVENUE, SUITE 410 BUFFALO, NY 14221		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	50,000.
CATTARAUGUS COMMUNITY ACTION 25 JEFFERSON STREET SALAMANCA, NY 14779		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	65,000.
CATTARAUGUS COUNTY PROJECT HEAD START INC 101 S. 19TH STREET OLEAN, NY 14760		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	61,500.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	DOULA PARTNERSHIP OF CCM/CAYUGA COMMUNITY HEALTH NETWORK	46,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	RURAL DOULA COORDINATION PLANNING	8,000.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	CCHN DOULA PROGRAM	30,900.
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202		501C3	FULTON BLOCK BUILDERS	10,000.
CENTRAL NEW YORK COMMUNITY FOUNDATION 431 E. FAYETTE ST., SUITE 100 SYRACUSE, NY 13202		501C3	HUMAN SERVICES LEADERSHIP COUNCIL OPERATIONS SUPPORT	10,000.
CENTRAL NEW YORK COMMUNITY FOUNDATION 431 E. FAYETTE ST., SUITE 100 SYRACUSE, NY 13202		501C3	COVID RELIEF FUNDS	50,000.
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13207		501C3	PEDALS CNY: TRANSITION TO HUB	6,500.
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13207		501C3	PROMOTING EARLY CHILDHOOD DEVELOPMENT THROUGH PLAYGROUPS	1,800.
<b>Total from continuation sheets</b>				



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**Part XIV** Supplementary Information (continued)

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

Recipient 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
CHILD DEVELOPMENT COUNCIL OF CENTRAL NY 609 WEST CLINTON STREET ITHACA, NY 14850		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	65,000.
CHILDREN'S CONSORTIUM 1010 JAMES STREET SYRACUSE, NY 13203		501C3	CIRCLE OF SECURITY PARENTING SUPPORT	10,000.
CITY MISSION SOCIETY, INC. 100 E. TUPPER BUFFALO, NY 14203		501C3	BUFFALO CITY MISSION: NEXT CENTURY CAMPAIGN	62,500.
COMMUNITY ACTION OF ORLEANS & GENESEE 409 EAST STATE STREET ALBION, NY 14411		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	75,000.
COMMUNITY ACTION PROGRAM FOR MADISON COUNTY, INC. 3 EAST MAIN STREET PO BOX 249 MORRISVILLE, NY 13408		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	35,000.
COMMUNITY CONNECTIONS OF NY, INC. 217 EAST DELAVAN BUFFALO, NY 14210		501C3	PEDALS CNY: TRANSITION TO HUB	92,000.
COMMUNITY CONNECTIONS OF NY, INC. 217 EAST DELAVAN BUFFALO, NY 14210		501C3	STRATEGIC PLANNING IMPLEMENTATION - PROGRAM	24,616.
<b>Total from continuation sheets</b>				

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

Recipient 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
COMMUNITY CONNECTIONS OF NY, INC. 217 EAST DELAVAN BUFFALO, NY 14210		501C3	PEDALS CNY HUB DEVELOPMENT AND EXPANSION	50,000.
COMMUNITY CONNECTIONS OF NY, INC. 217 EAST DELAVAN BUFFALO, NY 14210		501C3	NURTURING PARENT PROGRAM	1,991.
COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE, 10TH FLOOR NEW YORK, NY 10017		501C3	REACHING THE 5% OUTREACH AND ENROLLMENT	250,000.
COMMUNITY SERVICES FOR EVERY1, INC. 180 OAK STREET BUFFALO, NY 14203		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	60,000.
CONNECT, INC. 515 MAIN STREET BUFFALO, NY 14203		501C3	CONNECT - COMMUNITY HEALTH WORKER NETWORK	10,000.
CORNELL COOPERATIVE EXTENSION 121 SECOND STREET ORISKANY, NY 13424		501C3	INNOVATIONS IN CNY	4,500.
EASTERN NIAGARA HOSPITAL, INC. 521 EAST AVENUE LOCKPORT, NY 14094		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT	1,300.
<b>Total from continuation sheets</b>				

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

Recipient 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
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453		501C3	BUILDING CAPACITY TO ADDRESS ELDER MISTREATMENT	26,000.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT EXPANSION	10,000.
EPIC - EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202		501C3	1021 BROADWAY - EPIC	10,000.
ERIE NIAGARA AREA HEALTH EDUCATION CENTER 77 GODELL ST. SUITE 460 BUFFALO, NY 14203		501C3	ERIE COUNTY DOULA PILOT PROGRAM COORDINATION	10,000.
GENESEE COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, INC. 430 E. MAIN STREET BATAVIA, NY 14020		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	75,000.
GENESEE VALLEY CENTRAL SCHOOL 1 JAGUAR DRIVE BELMONT, NY 14813		GOVT	REMOTE AREA MEDICAL CLINIC - GENESEE VALLEY CENTRAL SCHOOL	10,000.
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS MEMBERSHIP 1725 DESALES STREET NW, SUITE 404 WASHINGTON, DC 20005		501C3	2021 2022 MEMBERSHIPS	2,090.
<b>Total from continuation sheets</b>				

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

Recipient 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
GRANTMAKERS FORUM OF NEW YORK INC. D/B/A NY FUNDERS ALLIANCE INITIATIVES FUND 75 COLLEGE AVENUE ROCHESTER, NY 14607		501C3	LIFTOFF	45,000.
GRANTMAKERS IN AGING 7333 PARAGON ROAD, SUITE 220 DAYTON, OH 45459		501C3	AGE FRIENDLY COMMUNITIES - GIA SESSION	10,000.
GRANTMAKERS IN AGING 7333 PARAGON ROAD, SUITE 220 DAYTON, OH 45459		501C3	MEMBERSHIP	2,800.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW, SUITE 1200 WASHINGTON, DC 20036		501C3	MEMBERSHIP	9,350.
HEALTH WORKFORCE COLLABORATIVE PO BOX 152 WARSAW, NY 14569		501C3	HEALTH WORKFORCE COLLABORATIVE	35,000.
HEALTHCARE ASSOCIATION OF NEW YORK STATE ONE EMPIRE DRIVE RENSSELAER, NY 12144		501C3	AGE FRIENDLY HEALTH SYSTEMS 2020	44,500.
HEALTHY COMMUNITY ALLIANCE, INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	PUBLIC POLICY - ADVOCACY TRAINING	5,200.
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**Part XIV** Supplementary Information (continued)

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

Recipient 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
HEALTHY COMMUNITY ALLIANCE, INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	CALL TO ACTION: COMMUNITY INFORMATION EXCHANGE	100,000.
HEALTHY COMMUNITY ALLIANCE, INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	CBO CONSORTIUM CAPACITY BUILDING PROGRAM	23,340.
HEARTS AND HANDS 518 BEWLEY BUILDING LOCKPORT, NY 14068		501C3	CALL TO ACTION: EQUITABLE TRANSPORTATION	75,000.
HOLY CROSS HEAD START, INC. 150 MARYLAND STREET BUFFALO, NY 14201		501C3	CAVITY FREE KIDS - HOLY CROSS HEAD START	2,500.
HOME HEADQUARTERS, INC. 538 ERIE BLVD., WEST SYRACUSE, NY 13204		501C3	FELLOWS COHORT 8	500.
INTEGRATED COMMUNITY ALTERNATIVES NETWORK, INC. 310 MAIN STREET UTICA, NY 13501		501C3	HEALTHY CONNECTIONS FROM THE START/ICAN	32,870.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	AFGHAN EVACUEES RESETTLEMENT SUPPORT	10,000.
<b>Total from continuation sheets</b>				

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

Recipient 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
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	68,500.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	ONONDAGA COUNTY AGING SERVICES COALITION	5,000.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	INNOVATIONS IN CNY	4,214.
JDC PARTNERSHIPS 28 KNOLL ROAD SAN RAFAEL, CA 94901		501C3	EQUITABLE EVALUATION INITIATIVE	7,500.
LIFESPAN OF GREATER ROCHESTER INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	LIFESPAN - COMMUNITY CARE CONNECTIONS	40,000.
LOVE LIVING AT HOME, INC. 757 WARREN ROAD #4836 ITHACA, NY 14852		501C3	HEALTH AND WELLNESS INITIATIVE	9,315.
MADISON COUNTY HEALTH DEPARTMENT 138 N COURT STREET, BUILDING 5 WAMPSVILLE, NY 13163		GOVT	INNOVATIONS IN CNY	1,225.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	37,735.
NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC. 1 MAIN STREET, SUITE 102 CANTON, NY 13617		501C3	PUBLIC HEALTH PARTNERSHIP CONFERENCE/NEW YORK STATE ASSOCIATION FOR RURAL HEALTH	1,500.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET ALBANY, NY 12210		501C3	UNIVERSAL HEALTH CARE 2021	50,000.
NY FUNDERS ALLIANCE 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	NON-PROFIT SUPPORT GROUP - NY FUNDERS ALLIANCE	36,000.
NY FUNDERS ALLIANCE MEMBERSHIP 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	MEMBERSHIP	5,500.
ONEIDA COUNTY HABITAT FOR HUMANITY DBA REBUILDING CNY 494 FRENCH ROAD UTICA, NY 13502		501C3	AGING BY DESIGN	25,613.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14202		501C3	BUFFALO CENTER FOR HEALTH EQUITY	125,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14202		501C3	FAN 2019-2021	120,000.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14202		501C3	LIVE WELL WNY	13,750.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14202		501C3	UNIVERSAL HEALTH CARE ADVOCACY 2020	2,000.
PARKWAY CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	5,000.
PEAK MEMBERSHIP 1666 K STREET, NW SUITE 440 WASHINGTON, DC 20005		501C3	MEMBERSHIP	2,000.
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM NY METRO CHAPTER, I 131 W. 33RD STREET4TH FLOOR NEW YORK, NY 10001		501C3	UNIVERSAL HEALTH CARE 2021	60,000.
READ TO SUCCEED BUFFALO, INC. 392 PEARL STREET, SUITE 100 BUFFALO, NY 14202		501C3	EXPERIENCE CORPS_READ TO SUCCEED BUFFALO	25,000.
<b>Total from continuation sheets</b>				



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**Part XIV** Supplementary Information (continued)

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

Recipient 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
RESEARCH FOUNDATION FOR SUNY ON BEHALF OF THE UNIVERSITY AT BUFFALO (UB) UB COMMONS SUITE 211 BUFFALO, NY 14228		501C3	MOVERS AND MAKERS	20,000.
RESEARCH FOUNDATION FOR SUNY ON BEHALF OF THE UNIVERSITY AT BUFFALO (UB) UB COMMONS SUITE 211 BUFFALO, NY 14228		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	4,129.
RESEARCH FOUNDATION FOR SUNY/OSWEGO PENFIELD LIBRARY, SUNY OSWEGO OSWEGO, NY 13126		501C3	RECOLLECTION: STORYTELLING THROUGH MEMENTOS 3,0	10,000.
ROSWELL PARK ALLIANCE FOUNDATION ELM AND CARLTON STREETS BUFFALO, NY 14263		501C3	HPV VACCINATION IN RURAL PRIMARY CARE SETTINGS	10,000.
SAY YES BUFFALO SCHOLARSHIP, INC. 1166 JEFFERSON AVENUE, SUITE A BUFFALO, NY 14208		501C3	SAY YES HEALTH HOME CARE COORDINATORS	20,750.
SEVEN VALLEYS HEALTH COALITION, INC. 10 KENNEDY PARKWAY CORTLAND, NY 13045		501C3	CORTLAND FOOD RESCUE PROJECT	10,000.
SNAPCAP INC. 640 ELLICOTT STREET BUFFALO, NY 14203		501C3	SNAPCAP-IPA PHASE II	25,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
SOLUTIONS JOURNALISM NETWORK 115 E 34TH STREET, UNIT 1806 NEW YORK, NY 11203		501C3	FINDING SOLUTIONS: CONNECTING WITH ELUSIVE CAREGIVERS	10,000.
SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK D/B/A UNIVERSAL PRIMARY CARE 135 NORTH UNION STREET OLEAN, NY 14760		501C3	UNIVERSAL PRIMARY CARE	10,000.
SOUTHERN TIER HEALTH CARE SYSTEM, INC. 150 NORTH UNION STREET OLEAN, NY 14760		501C3	SAFE KIDS SOUTHERN TIER NEW YORK COALITION	77,500.
SUNSET HOME OF UTICA DBA THE COMMUNITY AT SUNSET WOOD 118 GENESEE STREET NEW HARTFORD, NY 13413		501C3	AGING IN PLACE WITH AI	5,000.
SYRACUSE HOUSING AUTHORITY 516 BURT STREET SYRACUSE, NY 13202		GOVT	CLEANING UP TO OPEN DOORS	4,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	CALL TO ACTION: PROJECT SECURE	25,000.
THE SERVICE COLLABORATIVE OF WNY, INC. 173 ELM STREET BUFFALO, NY 14203		501C3	ABLE EARLY CHILDHOOD PROGRAM	45,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
THE UPSTATE FOUNDATION, INC. 750 E ADAMS ST CAB326 SYRACUSE, NY 13210		501C3	THINKING HEALTHY PROGRAM	50,000.
TOMPKINS COUNTY OFFICE FOR AGING 214 W. MARTIN LUTHER KING JR./STATE STREET ITHACA, NY 14850		GOVT	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	4,989.
UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	38,000.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	HELP ME GROW ONONDAGA PHASE II	84,950.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	75,000.
UNITED WAY SERVICES CORPORATION 75 COLLEGE AVE ROCHESTER, NY 14607		501C3	WNY INTERMEDIARY COLLABORATION AND NONPROFIT SUPPORT PROJECT	40,000.
UNIVERSITY AT BUFFALO JACOBS SCHOOL OF MEDICINE AND BIOMEDIC 955 MAIN STREET ROOM 1201 BUFFALO, NY 14203		501C3	HEALTH IN THE NEIGHBORHOOD - UB	10,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
UNIVERSITY AT BUFFALO JACOBS SCHOOL OF MEDICINE AND BIOMEDIC 955 MAIN STREET ROOM 1201 BUFFALO, NY 14203		501C3	TIP TOP FLIP FLOP - UB	1,385.
VISITING NURSE SERVICE OF ITHACA AND TOMPKINS COUNTY 138 CECIL A. MALLONE DRIVE ITHACA, NY 14850		501C3	CALL TO ACTION: HEALTH LITERACY	63,000.
VISITING NURSE SERVICE OF ITHACA AND TOMPKINS COUNTY 138 CECIL A. MALLONE DRIVE ITHACA, NY 14850		501C3	CALL TO ACTION: VISITING NURSE SERVICE	10,000.
WESTCOTT COMMUNITY CENTER 826 EUCLID AVE SYRACUSE, NY 13210		501C3	WELL-BEING FOR SYRACUSE SENIORS: PLANNING PHASE	10,000.
WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC. 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	HEALTHY IDEAS	16,000.
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION PO BOX 1263 BUFFALO, NY 14202		501C3	WBFO OLDER ADULTS NEWS DESK	30,000.
YMCA BUFFALO NIAGARA 301 CAYUGA ROAD BUFFALO, NY 14225		501C3	YMCA ERIE/NIAGARA - EARLY LEARNING READINESS	10,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

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

Recipient 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
YOUNG WOMEN'S CHRISTIAN ASSOCIATION 401 N. MAIN STREET JAMESTOWN, NY 14701		501C3	JAMESTOWN YWCA TEAM PROJECT	10,000.

**Total from continuation sheets** .....

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
ABC CAYUGA INC. 63 GENESEE STREET, SUITE 1 AUBURN, NY 13021		501C3	EXPANDED SERVICES/FAMILY LIAISON	30,000.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	14,732.
BELMONT HOUSING RESOURCES FOR WNY, INC. 1195 MAIN STREET BUFFALO, NY 14209		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
BESTSELF BEHAVIORAL HEALTH, INC. 255 DELAWARE AVENUE, SUITE 300 BUFFALO, NY 14202		501C3	CALL TO ACTION: SAFE SLEEP	75,000.
BISON CHILDREN'S SCHOLARSHIP FUND, INC. 284 DELAWARE AVENUE BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	50,000.
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116		501C3	WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION	225,000.
BUFFALO PRENATAL-PERINATAL NETWORK 625 DELAWARE AVENUE, SUITE 410 BUFFALO, NY 14221		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	14,000.
<b>Total from continuation sheets</b>				<b>2,785,432.</b>

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
CATTARAUGUS COMMUNITY ACTION 25 JEFFERSON STREET SALAMANCA, NY 14779		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
CATTARAUGUS COUNTY PROJECT HEAD START INC 101 S. 19TH STREET OLEAN, NY 14760		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	28,500.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	DOULA PARTNERSHIP OF CCM	79,000.
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13207		501C3	PEDALS IN CNY: TRANSITION TO HUB	454,450.
CHILD DEVELOPMENT COUNCIL OF CENTRAL NY 609 WEST CLINTON STREET ITHACA, NY 14850		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
CITY MISSION SOCIETY, INC. 100 E. TUPPER BUFFALO, NY 14203		501C3	BUFFALO CITY MISSION: NEXT CENTURY CAMPAIGN	125,000.
COMMUNITY ACTION OF ORLEANS & GENESEE 409 EAST STATE STREET ALBION, NY 14411		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
COMMUNITY ACTION PROGRAM FOR MADISON COUNTY, INC. 3 EAST MAIN STREET PO BOX 249 MORRISVILLE, NY 13408		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	18,500.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	PEDALS CNY: TRANSITION TO HUB	244,050.
COMMUNITY SERVICES FOR EVERY1, INC. 180 OAK STREET BUFFALO, NY 14203		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	14,665.
GENESEE COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, INC. 430 E. MAIN STREET BATAVIA, NY 14020		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
GRANTMAKERS FORUM OF NEW YORK INC. D/B/A NY FUNDERS ALLIANCE INITIATIVES FUND 75 COLLEGE AVENUE ROCHESTER, NY 14607		501C3	LIFTOFF WNY	45,000.
HEALTH WORKFORCE COLLABORATIVE PO BOX 152 WARSAW, NY 14569		501C3	HEALTH WORKFORCE COLLABORATIVE HUB	40,000.
HEALTHCARE ASSOCIATION OF NEW YORK STATE ONE EMPIRE DRIVE RENSSELAER, NY 12144		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2	89,411.
<b>Total from continuation sheets</b>				



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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
HEALTHY COMMUNITY ALLIANCE 1 SCHOOL STREET GOWANDA, NY 14070		501C3	CALL TO ACTION: COMMUNITY INFORMATION EXCHANGE	50,000.
HEARTS AND HANDS 518 BEWLEY BUILDING LOCKPORT, NY 14068		501C3	CALL TO ACTION: EQUITABLE TRANSPORTATION	50,000.
INTEGRATED COMMUNITY ALTERNATIVES NETWORK, INC. 310 MAIN STREET UTICA, NY 13501		501C3	HEALTHY CONNECTIONS FROM THE START/ICAN	10,000.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	24,869.
LIFESPAN OF GREATER ROCHESTER INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	COMMUNITY CARE CONNECTIONS	110,000.
LOVE LIVING AT HOME 757 WARREN ROAD #4836 ITHACA, NY 14852		501C3	HEALTH AND WELLNESS INITIATIVE	9,800.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL 275 STATE STREET ALBANY, NY 12210		501C3	CNY HEALTH TASK FORCE YEAR 2	25,000.
<b>Total from continuation sheets</b> .....				

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
NY FUNDERS ALLIANCE 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	NON-PROFIT SUPPORT GROUP	72,000.
NY FUNDERS ALLIANCE 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	CATCHAFIRE	47,250.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14202		501C3	BUFFALO CENTER FOR HEALTH EQUITY	175,000.
READ TO SUCCEED BUFFALO, INC. 392 PEARL STREET, SUITE 100 BUFFALO, NY 10001		501C3	EXPERIENCE CORPS	125,000.
RESEARCH FOUNDATION FOR SUNY/OSWEGO PENFIELD LIBRARY, SUNY OSWEGO OSWEGO, NY 13126		501C3	RECOLLECTIONS: STORYTELLING THROUGH MEMENTOS 3.0	10,980.
RESEARCH FOUNDATION FOR SUNY/UB 402 CROFTS HALLS BUFFALO, NY 14228		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	5,000.
RESEARCH FOUNDATION FOR SUNY/UB 402 CROFTS HALLS BUFFALO, NY 14228		501C3	MOVERS AND MAKERS	6,690.
<b>Total from continuation sheets</b>				

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
SOLUTIONS JOURNALISM 115 E 34TH STREET UNIT 1806 NEW YORK, NY 11203		501C3	FINDING SOLUTIONS: CONNECTING WITH ELUSIVE CAREGIVERS	8,125.
SOUTHERN TIER HEALTH CARE SYSTEM, INC. ONE BLUE BIRD SQUARE OLEAN, NY 14760		501C3	SAFE KIDS SOUTHERN TIER NEW YORK COALITION	5,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	CALL TO ACTION: PROJECT SECURE	97,000.
THE SERVICE COLLABORATIVE OF WNY, INC. 173 ELM STREET BUFFALO, NY 14203		501C3	ABLE EARLY CHILDHOOD PROGRAM	4,000.
THE UPSTATE FOUNDATION, INC. 750 E ADAMS ST CAB326 SYRACUSE, NY 13210		501C3	THINKING HEALTHY	119,950.
UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	15,000.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	HELP ME GROW ONONDAGA PHASE II	87,460.
<b>Total from continuation sheets</b> .....				

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**Part XIV** Supplementary Information (continued)

**3b Grants and Contributions Approved for Future Payment**

Recipient 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
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	25,000.
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION 140 LOWER TERRACE STREET BUFFALO, NY 14202		501C3	WBFO OLDER ADULTS NEWS DESK	30,000.

**Total from continuation sheets** .....

# Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2021**

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

<b>Name</b> HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK	<b>Employer identification number</b> 22-3804398
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**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.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	163,867.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b 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 .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
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 .....		<b>3</b>	163,867.
4 Enter the tax shown on the corporation's 2020 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 .....		<b>4</b>	106,961.
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 .....		<b>5</b>	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.

<b>Part III Figuring the Underpayment</b>					
		(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>9</b>	05/15/21	06/15/21	09/15/21	12/15/21
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 .....	<b>10</b>	12,304.	12,304.	12,303.	12,304.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	23,192.	5,000.	14,000.	
<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 .....	<b>12</b>		10,888.	3,584.	5,281.
13 Add lines 11 and 12 .....	<b>13</b>		15,888.	17,584.	5,281.
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	23,192.	15,888.	17,584.	5,281.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>				7,023.
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 .....	<b>18</b>	10,888.	3,584.	5,281.	

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. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <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 4/15/2021 and before 7/1/2021 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2021 and before 4/1/2022 .....	<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 3/31/2022 and before 7/1/2022 .....	<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 6/30/2022 and before 10/1/2022 .....	<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 9/30/2022 and before 1/1/2023 .....	<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 12/31/2022 and before 3/16/2023 .....	<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>96.</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 2018	<b>1a</b>				
<b>b</b> Tax year beginning in 2019	<b>1b</b>				
<b>c</b> Tax year beginning in 2020	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2021. 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 2018	<b>3a</b>				
<b>b</b> Tax year beginning in 2019	<b>3b</b>				
<b>c</b> Tax year beginning in 2020	<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** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions) .....	20				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21	590,113.	885,169.	1,770,339.	2,655,508.
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	3,540,678.	3,540,676.	3,540,678.	3,540,668.
b	Extraordinary items (see instructions) .....	23b				
c	Add lines 23a and 23b .....	23c	3,540,678.	3,540,676.	3,540,678.	3,540,668.
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	49,215.	49,215.	49,215.	49,215.
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	49,215.	49,215.	49,215.	49,215.
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	49,215.	49,215.	49,215.	49,215.
30	Applicable percentage .....	30	25%	50%	75%	100%
31	Multiply line 29 by line 30 .....	31	12,304.	24,608.	36,911.	49,215.

**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	12,304.	24,608.	36,911.	49,215.
33	Add the amounts in all preceding columns of line 38. See instructions .....	33		12,304.	24,608.	36,911.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ..	34	12,304.	12,304.	12,303.	12,304.
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.	55,193.	40,967.	40,967.
36	Subtract line 38 of the preceding column from line 37 of the preceding column .....	36		14,436.	57,325.	85,989.
37	Add lines 35 and 36 .....	37	26,740.	69,629.	98,292.	126,956.
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	12,304.	12,304.	12,303.	12,304.

Form 2220 (2021)

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





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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT 1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NONPUBLICLY TRADED INVESTMENTS	30,339.	0.	30,339.	30,339.	
PUBLICLY TRADED INVESTMENTS	1,560,089.	0.	1,560,089.	1,560,089.	
TO PART I, LINE 4	<u>1,590,428.</u>	<u>0.</u>	<u>1,590,428.</u>	<u>1,590,428.</u>	

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FORM 990-PF	OTHER INCOME	STATEMENT 2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - PRI PASSED THROUGH K-1S	1,522.	1,522.	
OTHER INVESTMENT INCOME	0.	8,246,821.	
RETURNED GRANT FUNDS	2,763,104.	0.	
	122,103.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	<u>2,886,729.</u>	<u>8,248,343.</u>	

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FORM 990-PF	LEGAL FEES	STATEMENT 3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	61,828.	0.		61,828.
TO FM 990-PF, PG 1, LN 16A	<u>61,828.</u>	<u>0.</u>		<u>61,828.</u>

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FORM 990-PF	ACCOUNTING FEES	STATEMENT 4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	27,800.	6,950.		20,850.
TO FORM 990-PF, PG 1, LN 16B	<u>27,800.</u>	<u>6,950.</u>		<u>20,850.</u>

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	1,223,770.	1,223,770.		0.
EVALUATION CONSULTANTS	116,036.	0.		116,036.
PROGRAM CONSULTANTS	346,402.	0.		346,402.
TO FORM 990-PF, PG 1, LN 16C	1,686,208.	1,223,770.		462,438.

## FORM 990-PF

## TAXES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES PASSED THROUGH K-1	156,668.	0.		0.
NYS FILING FEES	0.	105,438.		0.
	1,500.	0.		1,500.
TO FORM 990-PF, PG 1, LN 18	158,168.	105,438.		1,500.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TELEPHONE/ELECTRONIC COMMUNICATION	26,752.	0.		26,752.
OFFICE EXPENSE	111,110.	0.		111,110.
INSURANCE	6,569.	0.		6,569.
SPONSORED EVENTS	19,614.	0.		19,614.
MAINTENANCE EXPENSE	77,656.	0.		77,656.
MISCELLANEOUS EXPENSE	4,890.	0.		4,890.
MEMBERSHIP DUES PASSED THROUGH K-1	11,172.	0.		11,172.
	0.	189,795.		0.
TO FORM 990-PF, PG 1, LN 23	257,763.	189,795.		257,763.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ARISTOTLE SMALL CAP EQUITY FUND	2,855,189.	2,855,189.
EDGEWOOD	8,897,261.	8,897,261.
HARBOR DIVERSIFIED	9,526,778.	9,526,778.
VANGUARD EMG MARKETS INDEX	3,941,484.	3,941,484.
VANGUARD TOTAL INTL STOCK	8,549,580.	8,549,580.
TOTAL TO FORM 990-PF, PART II, LINE 10B	33,770,292.	33,770,292.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG REALTY VALUE FUND X, LP	FMV	1,440,475.	1,440,475.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, LP	FMV	2,108,163.	2,108,163.
DRAKE	FMV	11,047,937.	11,047,937.
DRUM SPECIAL SITUATIONS PARTNERS IV LP	FMV	768,405.	768,405.
FIDELITY US BOND INDEX FUND	FMV	5,933,468.	5,933,468.
FPA CRESCENT	FMV	1,650,454.	1,650,454.
GOVERNORS LANE OFFSHORE FUND, LTD	FMV	2,447,449.	2,447,449.
GREENSPRING GLOBAL PARTNERS IX LP	FMV	1,733,361.	1,733,361.
GREENSPRING GLOBAL PARTNERS VIII LP	FMV	1,809,115.	1,809,115.
GREENSPRING GLOBAL PARTNERS X LP	FMV	445,350.	445,350.
IRONSIDE PARTNERSHIP FUND	FMV	889,813.	889,813.
LAKEWOOD CAPITAL OFFSHORE FUND, LTD	FMV	2,645,919.	2,645,919.
LANDMARK EQUITY PARTNERS XVI LP	FMV	903,289.	903,289.
NEWBURY EQUITY PARTNERS V	FMV	364,602.	364,602.
MB GLOBAL SPECIAL OPPORTUNITIES FUND I	FMV	177,279.	177,279.
RCP FUND XI	FMV	2,215,162.	2,215,162.
RCP FUND XII	FMV	1,706,395.	1,706,395.
RIVERSIDE CAPITAL APPRECIATION FUND VII-A, LP	FMV	1,035,531.	1,035,531.
SEAPORT GLOBAL PROPERTY SECURITIES FUND, L.P (AEW)	FMV	7,604,009.	7,604,009.
SILCHESTER	FMV	13,276,443.	13,276,443.
SOUTHPOINT QUALIFIED OFFSHORE FUND, LTD	FMV	2,349,700.	2,349,700.
SSGA 500 INDEX	FMV	25,132,511.	25,132,511.
SSGA CUSTOM REAL ASSET	FMV	7,503,147.	7,503,147.
THE RESOLUTE FUND IV, L.P	FMV	1,807,641.	1,807,641.
THE RESOLUTE FUND V, L.P	FMV	585,062.	585,062.
VANGUARD INT GOVT BOND INDEX	FMV	2,054,854.	2,054,854.
VANGUARD INTERMEDIATE	FMV	4,526,295.	4,526,295.
VARDE CREDIT PARTNERS (OFFSHORE), LTD	FMV	2,316,265.	2,316,265.
WELLINGTON EMERGING MARKETS LOCAL EQUITY (2)	FMV	2,604,749.	2,604,749.
WELLINGTON SMID CAP RESEARCH EQUITY	FMV	5,531,022.	5,531,022.
WHI REAL ESTATE	FMV	557,724.	557,724.
WNY IMPACT FUND	FMV	865,513.	865,513.
TOTAL TO FORM 990-PF, PART II, LINE 13		116,037,102.	116,037,102.

## 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.	56,566.	0.
OFFICE FURNITURE - BUFFALO	8,833.	8,833.	0.
VIDEO CONFERENCING EQUIPMENT - BUFFALO	47,194.	47,194.	0.
VIDEO CONFERENCE UPGRADE	7,105.	7,105.	0.
ERGONOMIC CHAIRS & OFFICE FURNITURE	6,264.	6,264.	0.
VIDEO 190 - UPGRADE TO CONFERENCE ROOM	467.	467.	0.
MONITORS AND PROJECTOR	1,518.	1,518.	0.
FURNITURE	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 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.	61,859.	20,619.
BUFFALO OFFICE FURNITURE	23,721.	17,593.	6,128.
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.	7,967.	1,200.
LCO BUFFALO OFFICE PAINTING	1,260.	1,260.	0.
HP PROBOOK 655 G1 15.6"			
NOTEBOOK	834.	834.	0.
HP 2012 230 W DOCKING STATION	236.	236.	0.
LOCKING BOOKCASE	258.	258.	0.
NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	1,683.	1,683.	0.
ZULTYS VOIP PHONE SYSTEM	23,863.	13,125.	10,738.
HP PROBOOK 450 G3 15.6"			
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.	790.	263.
DELL OPTIPLEX 3040 DESKTOP COMPUTER	1,129.	1,129.	0.

PRO BOOK (HP) DOCKING STATION/MONITORS	1,801.	1,801.	0.
FURNITURE FOR PRESIDENTS OFFICE	10,408.	4,857.	5,551.
4 - VARICHAIRS	762.	463.	299.
8 - VARIDESKS	5,166.	3,136.	2,030.
RICOH COLOR COPIER	8,905.	3,488.	5,417.
SMALL TRAVEL LAPTOP - PRESIDENT	1,680.	1,680.	0.
BROTHER PRINTER - PRESIDENTS OFFICE	380.	380.	0.
5 - DOCKING STATIONS	1,493.	1,493.	0.
5-DELL LAPTOPS _ PROGRAM TEAM	6,795.	6,795.	0.
SONIC WALL	1,607.	1,607.	0.
VP OF FINANCE COMPUTER	1,334.	1,334.	0.
OFFICE MANAGER COMPUTER	1,334.	1,334.	0.
GRANTS MANAGER COMPUTER	1,333.	1,333.	0.
VP OF FINANCE - MONITORS	488.	488.	0.
OFFICE MANAGER - MONITORS	488.	488.	0.
GRANTS MANAGER - MONITORS	488.	488.	0.
SERVER OPERATING SYSTEM_MS OFFICE LICENSES	499.	499.	0.
SYRACUSE OFFICE PAINTING	4,300.	2,867.	1,433.
DELL LAPTOP CUSTOM BUILT	1,567.	1,567.	0.
DELL DOCKING STATION	295.	295.	0.
RICOH COPY MACHINE	5,936.	1,781.	4,155.
SYRACUSE OFFICE FURNITURE - 2019	11,416.	3,425.	7,991.
RICOH PROJECTOR	1,525.	1,398.	127.
2 - VARICHAIRS	390.	149.	241.
HP PROBOOK 455R	742.	598.	144.
HP DOCKING STATION	239.	193.	46.
2 - 24" DELL MONITORS	472.	380.	92.
CONFERENCE ROOM LAPTOP	739.	575.	164.
SONIC WALL NETWORK FIREWALL	880.	611.	269.
UBITQUITI EDGESWITCH	999.	638.	361.
USER UPGRADE TO ZULTYS PHONE SYSTEM	932.	171.	761.
HOME WORKSTATION	3,753.	1,251.	2,502.
MONITOR FOR ASSET 151	710.	142.	568.
LAPTOP K OLDEN	1,704.	567.	1,137.
PC, MONITOR, DOCK - DOFA	1,474.	368.	1,106.
PC, DOCK, KEYBOARD - PROGMGR	1,452.	282.	1,170.
BUF CONF RM AV EQUIP	31,354.	360.	30,994.
BUF 2 OUTLETS CONF RM AV EQUIP	880.	15.	865.
TOTAL TO FM 990-PF, PART II, LN 14	557,165.	450,794.	106,371.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION PROGRAM RELATED INVESTMENT	176,887. 67,529.	144,543. 18,881.	144,543. 18,881.
TO FORM 990-PF, PART II, LINE 15	244,416.	163,424.	163,424.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED COMPENSATION LIABILITY	176,887.	144,543.	
TOTAL TO FORM 990-PF, PART II, LINE 22	176,887.	144,543.	



FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHERYL SMITH FISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	CHAIR 4.00	0.	0.	0.
ANN SEDORE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	VICE CHAIR 4.00	0.	0.	0.
CARRIE B. FRANK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 4.00	0.	0.	0.
MARYBETH MCCALL, M.D. 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
RICHARD BATTAGLIA, M.D., FACP 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CHIMA CHIONUMA, MD, FAAP, CHCQM 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
RAY R. D'AGOSTINO 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
ANDREW W. DORN, JR. 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ANGELA M. DOUGLAS 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
DENISE DUNFORD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.

## HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL

22-3804398

LEANNE FISCOE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
JOANNE HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
LATOYA M. JONES, BS, HAS, LPN 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
KEVIN B. KLOTZBACH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ELIZABETH L. MAURO, LCSW-R 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
DAVID MILLING, M.D. 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CYNTHIA RICH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MICHAEL SHAFFER 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
CARRIE WHITWOOD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
GARY E. WILLIAMS, JR. 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
NORA OBRIEN-SURIC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	244,894.	11,182.	0.
VALERIE GAYDOSH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT OF FINANCE 40.00	77,366.	6,582.	0.

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

322,260.

17,764.

0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

## ACTIVITY ONE

CO-CREATING WELL BEINGS - RECOGNIZES THAT TRAUMA AND TOXIC STRESS CAN LEAD TO CHALLENGES THAT CAN NEGATIVELY IMPACT CHILDHOOD DEVELOPMENT, SCHOOL READINESS, MENTAL AND PHYSICAL HEALTH AND OVERALL WELL-BEING. USING HUMAN-CENTERED DESIGN, GRANTEES DEVELOP PROJECTS THAT INCREASE ACCESS, AVAILABILITY AND UPTAKE OF TRAUMA INFORMED SERVICES THAT FOCUS ON RESILIENCE AND WELLBEING FOR CHILDREN, FAMILIES AND PROVIDERS.

## EXPENSES

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

912,569.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

## ACTIVITY TWO

REACHING THE 5% OUTREACH AND ENROLLMENT - PROVIDES SUPPORT TO ORGANIZATIONS TO TEST AND IMPROVE TECHNIQUES TO OVERCOME BARRIERS TO HEALTH INSURANCE ENROLLMENT. ALL ORGANIZATIONS PARTICIPATE IN A LEARNING COMMUNITY HOSTED BY COMMUNITY SERVICES SOCIETY WHERE THEY SHARE BEST PRACTICES AND ADVOCACY PRIORITIES.

## EXPENSES

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

250,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY THREE

WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION - WORKS TO STABLISH COMMUNITY BASED RESPITE PROGRAMS ACROSS WNY USING COMMUNITY ENGAGEMENT AND CREATIVE PROBLEM SOLVING TECHNIQUES. THE PROJECTS ARE EVALUATED WITH AN EYE ON REPLICABILITY. THIS PROJECT WAS INSPIRED BY CONVERSATIONS WITH STAKEHOLDERS, WHO IDENTIFIED COMMUNITY RESPITE PROGRAMS AS A KEY NEED FOR CAREGIVERS

EXPENSES

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

150,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY FOUR

HEALTH LEADERSHIP FELLOWS PROGRAM - THROUGH THIS PROGRAM, THE FOUNDATION WORKS TO DEVELOP AND SUPPORT DIVERSE, HIGHLY SKILLED, COLLABORATIVE LEADERS IN WESTERN AND CENTRAL NEW YORK. THE 18-MONTH FELLOWSHIP FOCUSES ON COLLABORATIVE LEADERSHIP, INSIDE AND ACROSS ORGANIZATIONS, AND PROMOTES DEEP UNDERSTANDING OF FIVE CORE COMPETENCIES: PERSON-CENTERED CARE, CONTINUOUS QUALITY IMPROVEMENT, WORKING THROUGH INTER-DISCIPLINARY TEAMS, USE OF INFORMATICS AND EVIDENCE-BASED OUTCOMES.

EXPENSES

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

139,537.

FORM 990-PF

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

STATEMENT 18

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)

2021 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
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.	56,566.		0.	56,566.
50	OFFICE FURNITURE - BUFFALO	12/21/10	SL	.000		16	8,833.				8,833.	8,833.		0.	8,833.
55	VIDEO CONFERENCING 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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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.	61,859.		0.	61,859.
94	BUFFALO OFFICE FURNITURE	08/01/14	SL	.000		16	23,721.				23,721.	17,593.		0.	17,593.
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.	7,967.		0.	7,967.
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.	834.		0.	834.
111	HP 2012 230 W DOCKING STATION	05/31/16	SL	.000		16	236.				236.	236.		0.	236.
112	LOCKING BOOKCASE	05/01/16	SL	.000		16	258.				258.	258.		0.	258.

2021 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 ZULTYS PHONE SYSTEM	07/13/16	SL	.000		16	1,683.				1,683.	1,683.		0.	1,683.
114	ZULTYS VOIP PHONE SYSTEM	07/20/16	SL	.000		16	23,863.				23,863.	13,125.		0.	13,125.
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.	790.		0.	790.
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.	4,857.		0.	4,857.
122	4 - VARICHAIRS	10/01/17	SL	.000		16	762.				762.	463.		0.	463.
123	8 - VARIDESKS	10/01/17	SL	.000		16	5,166.				5,166.	3,136.		0.	3,136.
124	RICOH COLOR COPIER	02/01/18	SL	.000		16	8,905.				8,905.	3,488.		0.	3,488.
125	SMALL TRAVEL LAPTOP - PRESIDENT	02/26/18	SL	.000		16	1,680.				1,680.	1,680.		0.	1,680.
126	BROTHER PRINTER - PRESIDENTS OFFICE	02/26/18	SL	.000		16	380.				380.	380.		0.	380.
127	5 - DOCKING STATIONS	02/26/18	SL	.000		16	1,493.				1,493.	1,493.		0.	1,493.
128	5-DELL LAPTOPS _ PROGRAM TEAM	02/26/18	SL	.000		16	6,795.				6,795.	6,795.		0.	6,795.
129	SONIC WALL	03/01/18	SL	.000		16	1,607.				1,607.	1,607.		0.	1,607.
130	VP OF FINANCE COMPUTER	08/14/18	SL	.000		16	1,334.				1,334.	1,334.		0.	1,334.



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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.	1,334.		0.	1,334.
132	GRANTS MANAGER COMPUTER	08/14/18	SL	.000		16	1,333.				1,333.	1,333.		0.	1,333.
133	VP OF FINANCE - MONITORS	08/14/18	SL	.000		16	488.				488.	488.		0.	488.
134	OFFICE MANAGER - MONITORS	08/14/18	SL	.000		16	488.				488.	488.		0.	488.
135	GRANTS MANAGER - MONITORS	08/30/18	SL	.000		16	488.				488.	488.		0.	488.
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.	2,867.		0.	2,867.
138	DELL LAPTOP CUSTOM BUILT	10/22/18	SL	.000		16	1,567.				1,567.	1,567.		0.	1,567.
139	DELL DOCKING STATION	10/22/18	SL	.000		16	295.				295.	295.		0.	295.
140	RICOH COPY MACHINE	01/24/19	SL	.000		16	5,936.				5,936.	1,781.		0.	1,781.
141	SYRACUSE OFFICE FURNITURE - 2019	01/09/19	SL	.000		16	11,416.				11,416.	3,425.		0.	3,425.
142	RICOH PROJECTOR	04/12/19	SL	.000		16	1,525.				1,525.	1,398.		0.	1,398.
143	2 - VARICHAIRS	05/01/19	SL	.000		16	390.				390.	149.		0.	149.
144	HP PROBOOK 455R	08/16/19	SL	.000		16	742.				742.	598.		0.	598.
145	HP DOCKING STATION	08/16/19	SL	.000		16	239.				239.	193.		0.	193.
146	2 - 24" DELL MONITORS	08/16/19	SL	.000		16	472.				472.	380.		0.	380.
147	CONFERENCE ROOM LAPTOP	09/15/19	SL	.000		16	739.				739.	575.		0.	575.
148	SONIC WALL NETWORK FIREWALL	12/31/19	SL	.000		16	880.				880.	611.		0.	611.

2021 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
149	UBITQUITI EDGESWITCH	02/13/20	SL	.000		16	999.				999.	638.		0.	638.
150	USER UPGRADE TO ZULTYS PHONE SYSTEM	03/23/20	SL	.000		16	932.				932.	171.		0.	171.
151	HOME WORKSTATION	07/30/20	SL	.000		16	3,753.				3,753.	1,251.		0.	1,251.
152	MONITOR FOR ASSET 151	07/30/20	SL	.000		16	710.				710.	142.		0.	142.
153	LAPTOP K OLDEN	07/30/20	SL	.000		16	1,704.				1,704.	567.		0.	567.
154	PC, MONITOR, DOCK - DOFA	04/01/21	SL	.000		16	1,474.				1,474.	368.		0.	368.
155	PC, DOCK, KEYBOARD - PROGMGR	06/01/21	SL	.000		16	1,452.				1,452.	282.		0.	282.
156	BUF CONF RM AV EQUIP	11/01/21	SL	.000		16	31,354.				31,354.	360.		0.	360.
157	BUF 2 OUTLETS CONF RM AV EQUIP	11/01/21	SL	.000		16	880.				880.	15.		0.	15.
	* TOTAL 990-PF PG 1 DEPR						557,165.				557,165.	450,794.		0.	450,794.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						522,005.			0.	522,005.	449,769.			449,769.
	ACQUISITIONS						35,160.			0.	35,160.	1,025.			1,025.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						557,165.			0.	557,165.	450,794.			450,794.
	ENDING ACCUM DEPR											450,794.			
	ENDING BOOK VALUE											106,371.			

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

## 2021

For calendar year 2021 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  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>726 EXCHANGE ST., 518</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BUFFALO, NY 14210</b></p>	<p><b>D</b> Employer identification number <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>153,155,682.</b></p>			

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

**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 OBRIEN-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	48,971.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	48,971.
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	48,971.
6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 19</b>	6	48,971.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
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.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
<b>b</b>	Other credits (see instructions) .....	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
<b>3</b>	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
<b>4</b>	<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.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....	<b>5</b>		0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>	5,000.	
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		5,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<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.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 5,000. <b>Refunded</b> .....	<b>11</b>		0.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	At any time during the 2021 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 .....	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here .....		
<b>5</b>	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	523000	\$ 102,301.	
<b>6a</b>	Did the organization change its method of accounting? (see instructions) .....		X
<b>b</b>	If 6a 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 6b. 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.			
	Signature of officer	Date	PRESIDENT Title	
<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	11/14/22	P02010701
	Firm's name	LUMSDEN & MCCORMICK, LLP		Firm's EIN
	Firm's address	369 FRANKLIN STREET BUFFALO, NY 14202		16-0765486
				Phone no. (716) 856-3300

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 19

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	48,971.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	48,971.

SCHEDULE A PORTION OF PRE-2018 NOL	
<u>SCHEDULE A ENTITY</u>	<u>SCHEDULE A SHARE</u>
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	48,971.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 20

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/17	48,971.	0.	48,971.	48,971.
NOL CARRYOVER AVAILABLE THIS YEAR			48,971.	48,971.

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ 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).

1  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>	<b>B</b> Employer identification number <b>22-3804398</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>523000</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **UNRELATED BUSINESS INCOME IS PASSED THROUGH F**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 21</b> .....	<b>5</b>	69,366.		69,366.
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	69,366.		69,366.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....							
<b>2</b> Salaries and wages .....							
<b>3</b> Repairs and maintenance .....							
<b>4</b> Bad debts .....							
<b>5</b> Interest (attach statement). See instructions .....							
<b>6</b> Taxes and licenses .....							250.
<b>7</b> Depreciation (attach Form 4562). See instructions .....		<b>7</b>					
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....		<b>8a</b>				<b>8b</b>	
<b>9</b> Depletion .....							
<b>10</b> Contributions to deferred compensation plans .....							
<b>11</b> Employee benefit programs .....							
<b>12</b> Excess exempt expenses (Part VIII) .....							
<b>13</b> Excess readership costs (Part IX) .....							
<b>14</b> Other deductions (attach statement) .....							
<b>15 Total deductions.</b> Add lines 1 through 14 .....							250.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....							69,116.
<b>17</b> Deduction for net operating loss. See instructions .....						<b>STATEMENT 22</b>	20,145.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....							48,971.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal and real property. Row 5: Total rents received or accrued. Row 6: Total rents received or accrued with deductions. Row 7: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from debt-financed property, deductions, and average acquisition debt. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.
a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 21
DESCRIPTION		NET INCOME OR (LOSS)
- ORDINARY BUSINESS INCOME (LOSS)		69,366.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		69,366.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 22
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
102,301.	20,145.	82,156.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 23
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UNRELATED BUSINESS INCOME IS PASSED THROUGH FROM CERTAIN INVESTMENTS TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 24
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	16,474.	0.	16,474.	16,474.
12/31/19	58,848.	0.	58,848.	58,848.
12/31/20	26,979.	0.	26,979.	26,979.
NOL CARRYOVER AVAILABLE THIS YEAR			102,301.	102,301.

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>	Identifying number (see instructions) <b>22-3804398</b>
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation) <b>DKIP (CAYMAN) II L.P.</b>	<b>5a</b> Identifying number, if any
<b>6</b> Address (including country) <b>190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY 1-9005 CAYMAN ISLANDS</b>	<b>5b</b> Reference ID number <b>N/A</b>
<b>7</b> Country code of country of incorporation or organization <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>CORPORATION</b>	

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			980,040.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

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**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before .000 % (b) After .000 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. HEALTH FOUNDATION FOR WESTERN & CENTR NEW YORK

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 22-3804398

5 File number (FCC)

5. MM4

6 Period beginning date (mm-dd-yy)

6. 01-01-21

7 Period ending date (mm-dd-yy)

7. 12-31-21

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10. 523000

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y=1; N=0)

13.

14 Tax due/MTA surcharge

14. 250.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. -

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. 16-0765486

28 Preparer's NYTPRIN

28.

29 Excl. code

29. 03

541001211019



184951 11-18-21 1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to non-mobile telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

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# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

All filers enter tax period:

beginning **01-01-21** ending **12-31-21**

Recommended return

Tax Law - Article 13

Employer identification number (EIN) <b>22-3804398</b>	File number <b>MM4</b>	Business telephone number <b>716-852-3030</b>	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation <b>HEALTH FOUNDATION FOR WESTERN &amp; CE</b>		Trade name/DBA	
<b>NEW YORK</b>		State or country of incorporation <b>NEW YORK</b>	
Mailing address Care of (c/o)		Date of incorporation <b>03-16-01</b>	
Number and street or PO Box <b>726 EXCHANGE ST., NO. 518</b>		Foreign corporations: date began business in NYS <b>06-30-13</b>	
City <b>BUFFALO, NY</b>	U.S. state/Canadian province <b>14210</b>	ZIP/Postal code	Country (if not United States)
NAICS business code number (from federal return) <b>523000</b>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.		
Principal unrelated business activity (see instructions) <b>SEE STATEMENT 1</b>		For office use only	

### Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) ..... Yes  No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) .....

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) .....

<b>A.</b> Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	<b>A</b>	Payment enclosed
--	----------	------------------

### Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	68,116.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	250.
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions)	5	
6	Add lines 1 through 5	6	68,366.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	68,366.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	68,366.
13	Taxable income (subtract line 12 from line 11)	13	0.
14	Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	
15	Tax based on income (multiply line 14 by 9% (.09))	15	0.
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46	18	250.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20	Interest on late payment (see instructions)	20	
21	Late filing and late payment penalties (see instructions)	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24	Amount of overpayment on line 23 to be credited to next year	24	
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32		
33 All sales of tangible personal property .....	33		
34 Services performed .....	34		
35 Rentals of property .....	35		
36 Other business receipts .....	36		
37 Total (add lines 32 through 36) .....	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40		%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42		%

**Composition of prepayments claimed on line 18\***

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43	250.
44a Second installment from Form CT-400 .....	44a	
44b Third installment from Form CT-400 .....	44b	
44c Fourth installment from Form CT-400 .....	44c	
45 Amount of overpayment credited from prior years .....	45	
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46	250.

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

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<b>Third - party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) <b>PREPARER</b>	Designee's phone number
	Designee's email address		PIN <b>99111</b>

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

<b>Authorized person</b>	Printed name of authorized person <b>NORA OBRIEN-SURIC</b>	Signature of authorized person	Official title <b>PRESIDENT</b>	
	Email address of authorized person <b>NOBSURIC@HFWCNY.ORG</b>		Telephone number <b>7168523030</b>	Date <b>11-02-22</b>

<b>Paid preparer use only</b> (see instr.)	Firm's name (or yours if self-employed) <b>LUMSDEN &amp; MCCORMICK, LLP</b>		Firm's EIN <b>16-0765486</b>	Preparer's PTIN or SSN <b>P02010701</b>
	Signature of individual preparing this return <b>SARAH M. HOPKINS</b>	Address <b>369 FRANKLIN STREET</b> City <b>BUFFALO, NY 14202</b>		
	Email address of individual preparing this return <b>SHOPKINS@LUMSDENCPA.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>11-14-22</b>

See instructions for where to file.

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FORM CT-13

PRINCIPAL UNRELATED BUSINESS ACTIVITY

STATEMENT 1

UNRELATED BUSINESS INCOME IS PASSED THROUGH TO THE FOUNDATION FROM CERTAIN INVESTMENTS.

FORM CT-13

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	48,721.	0.	48,721.	48,721.
12/31/18	27,094.	0.	27,094.	27,094.
12/31/19	58,598.	0.	58,598.	58,598.
12/31/20	26,729.	0.	26,729.	26,729.
TOTAL NOL CARRYOVER AVAILABLE THIS YEAR			161,142.	161,142.
AMOUNT OF NOL APPLIED THIS YEAR			68,366.	
NOL CARRYOVER TO NEXT YEAR			92,776.	

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	48,971.	0.	48,971.	48,971.
NOL CARRYOVER AVAILABLE THIS YEAR			48,971.	48,971.

NY CT-13

NET OPERATING LOSS DEDUCTION

STATEMENT 4

1. NOL CARRY FORWARD AVAILABLE FOR CURRENT YEAR FROM YEARS BEFORE 2018	48,721.
2. NOL CARRY FORWARD AVAILABLE FOR CURRENT YEAR FROM YEARS 2018 AND LATER	112,421.
3. INCOME BEFORE NY NOL (LINE 11 OF FORM CT-13)	68,366.
4. NOL FROM LINE 1 APPLIED TO CURRENT YEAR	48,721.
5. NOL FROM LINE 2 APPLIED TO CURRENT YEAR (CANNOT EXCEED 80% OF LINE 3)	19,645.
6. TOTAL NOL APPLIED - ADD LINES 4 AND 5, ALSO ENTER ON LINE 12 OF FORM CT-13	68,366.
7. NOL CARRY FORWARD AVAILABLE FOR NEXT YEAR (LINE 1 PLUS LINE 2 LESS LINE 6)	92,776.