Form **990-PF**

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047
2023
2023
Open to Public Inspection

For	calen	dar year 2023 or tax year beginning		, and e	naing		
Nai	ne of	foundation		A Employer identification	number		
HEALTH FOUNDATION FOR WESTERN & CENTRAL							
NEW YORK Number and street (or P.O. box number if mail is not delivered to street address) Room/suite						22-3804398	
Nur	nber a	nd street (or P.O. box number if mail is not delivered to street a	ddress)		Room/suite	B Telephone number	
_ 7	26	EXCHANGE ST.			518	716-852-30	30
City	/ or t	own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is p	ending, check here
В	BUFFALO, NY 14210						
G	G Check all that apply: Initial return Initial return of a former public charity				charity	D 1. Foreign organizations	s, check here
		Final return	Amended return				
	Address change Name change					Foreign organizations me check here and attach co	eting the 85% test, mputation
H (heck	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
	_		Other taxable private founda	tion		under section 507(b)(1)	
I Fa		arket value of all assets at end of year J Accounti		X Accr	ual	F If the foundation is in a	
		· · · ·	ther (specify)			under section 507(b)(1)	
(\$	151,786,109. (Part I, colum		s.)			
Pa	irt I		(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
	_	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	0.			N/A	
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,208,316.	1.20	8,316.		STATEMENT 1
	I .	Gross rents			.,		
		Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	383,589.				
ne	0a	Gross sales price for all 7,718,562.					
Revenue	7	Capital gain net income (from Part IV, line 2)		38	3,589.		
Be	8			50	5,505.		
		Net short-term capital gain					
	10-	Income modifications Gross sales less returns					
		and allowances					
		Less: Cost of goods sold					
		Gross profit or (loss)	833,157.	6 65	9,604.		STATEMENT 2
		Other income	2,425,062.		1,509.		STATEMENT Z
	12	Total. Add lines 1 through 11	479,630.	0,23	<u>1,309.</u> 0.		479,630.
	13	Compensation of officers, directors, trustees, etc.	752,579.		0.		752,579.
	14	Other employee salaries and wages	248,821.		0.		248,821.
ú		Pension plans, employee benefits Legal fees STMT 3	33,968.		0.		33,968.
se	168	•	42,500.	1	0,625.		
Expenses	D	Accounting fees STMT 4			<u>0,025.</u> 3,073.		31,875. 541,007.
	C	Other professional fees STMT 5	1,604,080.	1,00	3,073.		541,007.
Administrative			199,727.	0	7,421.		1 500
trai	18	Taxes STMT 6		9	<u>7,421.</u> 0.		1,500.
nis	19	Depreciation and depletion	37,630.		0.		100 001
, E	20	Occupancy	128,231.		0.		128,231.
	21	Travel, conferences, and meetings	149,600.				149,600.
and	22	Printing and publications	4,266.	10	0.		4,266.
bu	23	Other expenses STMT 7	406,413.	43	9,100.		406,409.
Operating	24	Total operating and administrative		1 (1	0 010		
be		expenses. Add lines 13 through 23	4,087,445.	1,61	0,219.		2,777,886.
0	25	Contributions, gifts, grants paid	2,769,643.				3,864,465.
	26	Total expenses and disbursements.		1	0 01 0		C C 40 051
		Add lines 24 and 25	6,857,088.	1,61	0,219.		6,642,351.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	-4,432,026.	6.61	1 0 0 0		
		Net investment income (if negative, enter -0-)		6,64	1,290.		
	C	Adjusted net income (if negative, enter -0-)				N/A	5 000 DE (0000)
	-						

LHA For Paperwork Reduction Act Notice, see instructions.

323501 12-20-23 **1** Form **990-PF** (2023)

HEALTH FOUNDATION FOR WESTE	RN &	TH FOUNDATION FOR WESTERN	CEN	ITRAL
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	00-PF (2023) NEW YORK	Beginning of year		3804398 Pag
Part	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.		End o	· · · · · · · · · · · · · · · · · · ·
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1		164,534.	289,8/5.	289,875
2	Savings and temporary cash investments	5,282,958.	3,139,400.	3,139,400
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			
· /	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
8 9 10:	Inventories for sale or use	750.	5,521.	5,521
9	Prepaid expenses and deferred charges	/50.	5,521.	5,541
	Investments - U.S. and state government obligations		28,941,397.	20 041 207
	Investments - corporate stock STMT 8	20,420,952.	20,941,397.	28,941,397
	Investments - corporate bonds			
11	Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
12	Investments - mortgage loans	100 060 626	119,137,458.	110 127 /50
13	Investments - other STMT 9	100,000,030.	119,137,430.	119,137,430
14	Land, buildings, and equipment: basis 589, 359.	00 220	65 220	65 220
	Less: accumulated depreciation STMT 10 524,020.	346,023.	<u>65,339.</u> 207,119.	207,119
15	Other assets (describe STATEMENT 11)	340,023.	207,119.	207,119
16	Total assets (to be completed by all filers - see the	140 275 002	151 796 100	151 796 100
47	instructions. Also, see page 1, item I)		<u>151,786,109.</u> 2,802,318.	
17	Accounts payable and accrued expenses	5,550,755.	2,002,510.	
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable	246 022	207,119.	
22	Other liabilities (describe STATEMENT 12)	346,023.	207,119.	
	T	1 201 770	2 000 127	
23	Total liabilities (add lines 17 through 22)	4,284,778.	3,009,437.	
24 25 26	Foundations that follow FASB ASC 958, check here X			
04	and complete lines 24, 25, 29, and 30.	131 125 800	146,657,304.	
24 25	Net assets without donor restrictions	1,964,415.	2,119,368.	
25	Net assets with donor restrictions	<u> </u>	4,119,300.	
	Foundations that do not follow FASB ASC 958, check here			
00	and complete lines 26 through 30.			
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	136 000 305	148,776,672.	
29	Total net assets or fund balances	T 20,030,202.	140,110,012.	
20	Total liabilities and not essets/fund belances	140 375 083	151,786,109.	
30	Total liabilities and net assets/fund balances		-J-,/00,109.	
art	III Analysis of Changes in Net Assets or Fund Ba	alances		
Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	29		
	et equal with and of your finance and other prior yoursels without		1	136,090,305
`	r amount from Part I line 27a			-4 432 026

_			Form 990-PF (2022)
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	148,776,672.
5	Decreases not included in line 2 (itemize)	5	0.
4	Add lines 1, 2, and 3	4	148,776,672.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	17,118,393.
2	Enter amount from Part I, line 27a	2	-4,432,026.
	(must agree with end-of-year figure reported on prior year's return)	1	136,090,305.

Form **990-PF** (2023)

Form 990-PF (2023) NEW	LTH FOUNDATION FO			CENI	RAL	1	22	2-3804	4398	Page 3
	and Losses for Tax on Inv			(h)	How ac				(1) D (
	the kind(s) of property sold (for exan arehouse; or common stock, 200 shs.		,	`P	- Purcl	hase ("	:) Date a (mo., da		(d) Date (mo., da	
1a NONPUBLICLY TR					- Dona	P	()	,,,,,	()	
b PUBLICALY TRAD						P				
						-				
d										
e										
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other bas bense of sale			(in or (loss) (f) minus (g))	
a 2,125,000.		1	,911,1	171.					213,	829.
b 5,593,562.		5	,423,8	802.					169,	760.
C										
d										
е										
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation o	n 12/31/69.			(I) G	Gains (Co	ol. (h) gain	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col. (i) ol. (j), if any			col. (I I	k), but n Losses (ot less than from col. (h	ו -0-) or ו))	
<u>a</u>									213,	829.
b									169,	760.
C										
<u>d</u>										
е										
2 Capital gain net income or (net c		- in Part I, line 7		}	2				383,	589.
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) an , column (c). See instructions. If (loss	s), enter -0- in		}	3			N/A		
Part V Excise Tax Bas	sed on Investment Incom	e (Section	4940(a),	4940(b), or	[.] 4948 - s	ee ins	truction	ıs)	
1a Exempt operating foundations	described in section 4940(d)(2), chec	ck here	and ente	er "N/A" oi	n line 1	.)				
	letter: (att						1		92,	314.
	enter 1.39% (0.0139) of line 27b. Ex									
4% (0.04) of Part I, line 12, co	l. (b)					J				
	tic section 4947(a)(1) trusts and taxa						2			0.
3 Add lines 1 and 2							3		92,	314.
4 Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and taxa	able foundations	only; others	s, enter -(D-)		4			0.
5 Tax based on investment inco	me. Subtract line 4 from line 3. If zer	ro or less, enter	-0-				5		92,	314.
6 Credits/Payments:										
	and 2022 overpayment credited to 20		6a			0.				
b Exempt foreign organizations -	tax withheld at source		6b			0.				
	xtension of time to file (Form 8868) $_{\dots}$		6c		7.	3,000.				
	ly withheld		6d			0.				
7 Total credits and payments. Ac	ld lines 6a through 6d	== 1					7		73,	000.
	yment of estimated tax. Check here 🗌		20 is attache	ed			8		1.0	121.
	and 8 is more than line 7, enter amo u						9		19,	435.
	e than the total of lines 5 and 8, enter	the amount ove	erpaid				10			
11 Enter the amount of line 10 to	be: Credited to 2024 estimated tax					Refunded	11		000 1	

Form **990-PF** (2023)

22-3804398 Page 4

Forn	n 990-PF (2023) NEW YORK 22-38	04398		Page 4
Pa	art VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	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?	10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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			X X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		X	37
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		v	
-	remain in the governing instrument?		X X	<u> </u>
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	/		
0.	Fatar the states to which the foundation reports or with which it is registered. One instructions			
88	Enter the states to which the foundation reports or with which it is registered. See instructions	-		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
U	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			
3	year 2023 or the tax year beginning in 2023? 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			X
11				
•••	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?			<u> </u>
		12		x
13	If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	<u> </u>
	Website address WWW.HFWCNY.ORG			
14	The books are in care of NORA OBRIEN-SURIC Telephone no. 716-	852-3	030	
		14210		85
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year 15		/A	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
		Form 99	0-PF	(2023)

Form 990-PF (2023) NEW YORK	22-3804	1398		Page 5
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
1a During the year, did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		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)?		1a(5)		X
(6) Agree to pay money or property to a government official? (Exception. Check "No"				
if the foundation agreed to make a grant to or to employ the official for a period after				
termination of government service, if terminating within 90 days.)		1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		X
c Organizations relying on a current notice regarding disaster assistance, check here				
d 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 2023?		1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2023?		2a		X
If "Yes," list the years , , , , ,				
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		х
b If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons a	fter			
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 2023.)		3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose				
had not been removed from jeopardy before the first day of the tax year beginning in 2023?		4b		Х

Form **990-PF** (2023)

Form 990-PF (2023) NEW YORK 2	2-3804398	I	Page 6
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continue	ed)		
5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
(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?	5a(3)		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?	5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A 5b		
c Organizations relying on a current notice regarding disaster assistance, check here	[]		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained			
expenditure responsibility for the grant?	N/A 5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on			
a personal benefit contract?			X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		X
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	<u>N/A</u> 7b		
8 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?			Х

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

1 List all onicers, 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		420,356.	59,275.	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
KENNETH GENEWICK - 726 EXCHANGE	VICE PRESIDEN	T OF PROGI	RAMS	
STREET, SUITE 518, BUFFALO, NY 14210	40.00	121,526.	24,314.	0.
KERRY JONES WARING - 726 EXCHANGE	VICE PRESIDEN	T FOR COMI	IUNICATI	NS
STREET, SUITE 518, BUFFALO, NY 14210	40.00	121,114.	24,325.	0.
MARNIE ANNESE – 431 E. FAYETTE	SENIOR PROGRA	M OFFICER		
STREET, SUITE 250, SYRACUSE, NY	40.00	103,469.	7,028.	0.
CORALIE RAE BROWN - 726 EXCHANGE	GRANTS OFFICE	R		
STREET, SUITE 518, BUFFALO, NY 14210	40.00	78,317.	27,472.	0.
JORDAN BELLASSAI - 431 E. FAYETTE	PROGRAM OFFIC	ER		
STREET, SUITE 250, SYRACUSE, NY	40.00	86,268.	14,267.	0.
Total number of other employees paid over \$50,000				5

Form **990-PF** (2023)

HEAL'TH FOUNDATION FOR WESTERN & Form 990-PF (2023) NEW YORK Part VII Information About Officers, Directors, Trustees, Founda	22-38	04398 Page 7
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PRONEXUS LLC - 115 SULLY'S TRAIL SUITE 111,		
PITTSFORD, NY 14534	ACCOUNTING SERVICE	<u>s 84,389.</u>
NANCY BLASCHAK		~
8822 VIOLET PARKWAY, EDEN, NY 14057	CONSULTING SERVICE	s 60,000.
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 stati number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1		
SEE STATEMENT 14		260,000.
2		
SEE STATEMENT 15		202 567
3		282,567.
5		
SEE STATEMENT 16		258,846.
4		
SEE STATEMENT 17		287,304.
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
1N/A		
2		
L		
All other program-related investments. See instructions.		
3		
Tatal Add lines 1 through 2		0.
Total. Add lines 1 through 3		Form 990-PF (2023)
		(2023)

HEALTH	FOUNDATION	FOR	WESTERN	&
NEW YOF	RK			

Ρ	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undation	s, 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	139,723,090.
b	Average of monthly cash balances	1b	<u>139,723,090.</u> <u>3,227,292.</u>
C	Fair market value of all other assets (see instructions)	1c	
d		1d	142,950,382.
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	142,950,382.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,144,256.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	140,806,126.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	7,040,306.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	and certaiı	n
1	Minimum investment return from Part IX, line 6	1	7,040,306.
2a	Tax on investment income for 2023 from Part V, line 5		
b	Income tax for 2023. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	92,314.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,947,992.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,947,992.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	6,947,992.
Ρ	art 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	<u>6,642,351.</u> 0.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	3,740.
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	6,646,091.
			Form 990-PF (2023)

CENTRAL

323571 12-20-23

Form 990-PF (2023)

Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

(a) (b) (c) (c) <th></th> <th></th> <th></th> <th></th> <th></th>					
1 Distribution and for 2023 from Par X, in or 7 6,947,992. 2 Underskunderderse, ray, as the end of 2022. 6,068,205. 3 Excess distributions carryoer, if any, to 2022. 0. 3 Excess distributions carryoer, if any, to 2022. 0. 4 Data for providence 0. 5 Excess distributions carryoer, if any, to 2022. 6,068,205. 6 0. 0. 4 Data for providence 0. 6 0.68,205. 0. 7 Data for the 30 for 2020. 0. 6 0.08,205. 0. 9 Special to 2020. 0. 10 Data for the 2020. 0. 10 Special to 2020. 0. 10 Special to 2020. 0. 10 Special to 2020. 0. 10 <					.,
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b total op provi years: 0. c Trans 2018 c From 2019 c From 2019 c From 2020 c From					
s 0. s 5 excess distributions surveyors, If any, Io 2023; s From 2018				6,068,205.	
a) Totas distributions carryover, if any, to 2023: a) From 2018 b) b) b) from 2020 c) c) c) <	b lotal for prior years:		0		
From 2019 From 2019 From 2021	• Excess distributions carryover if any to 2023:		0.		
b From 2019					
6 From 2021	h Europa 0040				
d From 2021	F 0000				
e from 2022 I total tot lines 3a through e 0. I total tot lines 3a through e 0. 0. Part XI, line 4: \$	15 0004				
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Part Xi, line 4: \$		••			
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c Excess from 2021					
d Excess from 2022					
e Excess from 2023					
323581 12-20-23 Form 990-PF (2023)					Form 990-PF (2023)

9

	OUNDATION F	OR WESTERN	& CENTRAL	22-38	
Form 990-PF (2023) NEW YORK Part XIII Private Operating Fou	Indations (see inst	tructions and Part VI	-A, question 9)	N/A	04398 Page 10
 1 a If the foundation has received a ruling or d foundation, and the ruling is effective for 2 b Check box to indicate whether the foundation 	etermination letter that i 023, enter the date of th	t is a private operating e ruling			42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
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 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	nation (Complete	this part and	 if the foundation	had \$5,000 or mor	o in accoto
at any time during the				iau \$5,000 or Mor	

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:

323601 12-20-23

Form 990-PF (2023)

Form 990-PF (2023) NEW YORK			22-3804	1398 Page 11
Part XIV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future F	Payment	1	
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
Total SEE COM	TINUATION SHEE	T(S)		3,864,465.
b Approved for future payment				
	 NTINUATION_SHEE	 T(S)	3b	2,789,948.
Total SEE CON	<u>14 441 9414 4 941 911011001</u>	÷.∖.₩./		orm 990-PF (2023)

323611 12-20-23

13271114 783816 W0058500.0

Form 990-PF (2023)

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Ĵ	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	,	
a					
D					
с					
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	1,208,316.	
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		769,449.
8 Gain or (loss) from sales of assets other					
than inventory			18	383,589.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS				63 133.	
b OTHER INCOME				63,133. 575.	
				575.	
C					
d					
		0.		1 655 613	760 110
12 Subtotal. Add columns (b), (d), and (e)					769,449. 2,425,062.
13 Total. Add line 12, columns (b), (d), and (e)				I3	2,423,002.
(See worksheet in line 13 instructions to verify calculations.)					
Part XV-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom			contrib	uted importantly to the accomp	lishment of
the foundation's exempt purposes (other than by	y providing fui	nds for such purposes).			
11RETURNED GRANT FUNDS11OTHER INCOME					
11 OTHER INCOME					

12

Form 990-PF (2023)

Form 99	, ,	023) NEW Y	ORK		R WESTERN & (804398	Pa	ge 13
Fait	~~!	Exempt Organ		siers to ai	iu transactions ai			lantable		
1 Dic	the or			of the followin	g with any other organizatio	on described in sect	ion 501(c)		Yes	No
					to political organizations?					
a Tra	nsfers	from the reporting founda	ation to a noncharitat	ble exempt org	janization of:					
(1)	Cash							1a(1)		Х
(2)	Other	assets						1a(2)		Х
b Oth	ier tran	sactions:								
(1)	Sales	of assets to a noncharita	ble exempt organizat	ion				1b(1)		X
										X X
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimi	or loan guarantees						1b(4) 1b(5)		X
		rmance of services or me			ne			41 (0)		X
• • •				•	ns ployees					X
					dule. Column (b) should al				ets	
		-	-	-	ed less than fair market valu	-	-		,	
) the value of the goods,				,	0 0	,		
(a) Line n	0.	(b) Amount involved	(c) Name of	f noncharitable	exempt organization	(d) Description	n of transfers, transactions	, and sharing arra	angemen	ts
				N/A						
	_									
	_									
	_									
	_									
	+					_				
	_									
	-									
	-									
2a lst	he four	ndation directly or indirect	tly affiliated with, or r	related to, one	or more tax-exempt organi	zations described				_
in s	section	501(c) (other than sectio	n 501(c)(3)) or in se	ction 527?				Ves	X	No
<u>b</u> If "	Yes," co	mplete the following sch				1				
		(a) Name of org	janization		(b) Type of organization		(c) Description of rela	itionship		
		N/A								
	Unde	r penalties of perjury, I declare	that I have examined this	s return, includin	I g accompanying schedules and :	I statements, and to the b	est of my knowledge	May the IPS of	licouco t	hio
Sign	and b	elief, it is true, correct, and co	mplete. Declaration of pr	eparer (other than	n taxpayer) is based on all inform	ation of which preparer	has any knowledge.	May the IRS of return with the shown below?	e prepare	er
Here		PRESIDE				лт	X Yes		No	
	Sign	nature of officer or trustee			Date	Title			-	1
_	Print/Type preparer's name Preparer's signature					Date		PTIN		
_							self- employed			
Paid		SARAH M. HO			M. HOPKINS	11/12/24		P02010		
Prepa		Firm's name LUMS	DEN & MCC	ORMICK	, LLP		Firm's EIN 16-	076548	б	
Use (Jilly	Eirm's address 200		0000000	D		-			
			FRANKLIN		T.		Dhan / 71	6 \ 0 E 6	220	n
		BUFFALO, NY 14202				Phone no. (71	-02010	2201	U	

(716)856-3300
Form 990-PF (2023)

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Form 990-PF NE
Part XIV Supplementary Info

Part XIV	Supplementary	/ Information	(continued)
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Name and address (home or business) ary boltradium insigner or substantial contributor recipient control of the recipient control of the recipient ALLEGANY COUNTY MENTAL HEALTH ASSOCIATION 45 NORTH BROAD STREET WELLSVILLE, NY 14895 501C3 TRUSTEE DISCRETIONARY FUND ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895 501C3 SOUTHERN TIER CHILD ADVOCACY CENTER EMERGENCY FUNDING 801C3 BACK TO BASICS OUTREACH MINISTRIES, INC. 1370 WILLIAM STREET BUFFALO, NY 14206 501C3 TRUSTEE DISCRETIONARY FUND BERTRAND CHAFFEE HOSPITAL 224 EAST MAIN STREET SFRINGVILLE, NY 14141 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY BISON CHILDREN'S SCHOLARSHIP FUND, INC. 284 DELAWARE AVE 501C3 BISON FUND 2022-2026	ALLEGANY COUNTY MENTAL HEALTH ASSOCIATION 501C3 TRUSTEE DISCRETIONARY FUND 45 NORTH BROAD STREET WELLSVILLE, NY 14895 501C3 SOUTHERN TIER CHILD ADVOCACY CENTER ARDENT SOLUTIONS 501C3 SOUTHERN TIER CHILD ADVOCACY CENTER 85 NORTH MAIN STREET, SUITE 4 501C3 SOUTHERN TIER CHILD ADVOCACY CENTER BACK TO BASICS OUTREACH MINISTRIES, INC. 501C3 TRUSTEE DISCRETIONARY FUND 1370 WILLIAM STREET BUFFALO, NY 14206 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STA	
45 NORTH BROAD STREET	45 NORTH BROAD STREET 445 NORTH BROAD STREET WELLSVILLE, NY 14895 501C3 ARDENT SOLUTIONS 501C3 S5 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895 BACK TO BASICS OUTREACH MINISTRIES, INC. 1370 WILLIAM STREET BUFFALO, NY 14206 SERTRAND CHAFFEE HOSPITAL	Amount
85 NORTH MAIN STREET, SUITE 4 31 WELLSVILLE, NY 14895 31 BACK TO BASICS OUTREACH MINISTRIES, INC. 501c3 1370 WILLIAM STREET 501c3 BUFFALO, NY 14206 501c3 BERTRAND CHAFFEE HOSPITAL 501c3 AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION 0 SERTRAND CHAFFEE HOSPITAL 501c3 BERTRAND CHAFFEE HOSPITAL 501c3	85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895 BACK TO BASICS OUTREACH MINISTRIES, INC. 1370 WILLIAM STREET BUFFALO, NY 14206 BERTRAND CHAFFEE HOSPITAL 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STA	2,50
1370 WILLIAM STREET 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION SEETRAND CHAFFEE HOSPITAL 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION 224 EAST MAIN STREET S01C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION SPRINGVILLE, NY 14141 1 SISON CHILDREN'S SCHOLARSHIP FUND, INC. 501C3 BISON FUND 2022-2026 SUFFALO, NY 14202 10 SULACK BOYS READ TOO 501C3 FRUSTEE SERVICE CONTRIBUTIONS	370 WILLIAM STREET SUFFALO, NY 14206 BERTRAND CHAFFEE HOSPITAL 501C3 AGE-FRIENDLY HEALTH SYSTEMS - NY STA	MERGENCY FUNDING 314,000
224 EAST MAIN STREET SPRINGVILLE, NY 14141 1 1 1 BISON CHILDREN'S SCHOLARSHIP FUND, INC. 284 DELAWARE AVE SUFFALO, NY 14202 501C3 BISON FUND 2022-2026 10 10 10 10 10 10 10 10 10 10 10 10 10		1,000
284 DELAWARE AVE BUFFALO, NY 14202 10 BLACK BOYS READ TOO 136 NORTH DIVISION STREETØ #303	SPRINGVILLE, NY 14141	E ACTION
136 NORTH DIVISION STREET #303	284 DELAWARE AVE	105,000
	136 NORTH DIVISION STREETØ#303	500
BOSTON FOUNDATION, INC. 501C3 WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION 51 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116 15	75 ARLINGTON STREET, 3RD FLOOR	OGRAM EXPANSION

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22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
BOYS & GIRLS CLUB OF SYRACUSE		501C3	TRUSTEE DISCRETIONARY FUND	
P.O. BOX 606				
SYRACUSE, NY 13209				1,000
		50102		
BUFFALO HOUSE OF HOPE, INC. 4263 ST. FRANCIS DRIVE		501C3	TRUSTEE DISCRETIONARY FUND	
HAMBURG, NY 14072				2,500
				,
CANOPY OF NEIGHBORS		501C3	TRUSTEE DISCRETIONARY FUND	
805 DELAWARE AVE				
BUFFALO, NY 14209				1,000
CATTARAUGUS COUNTY HEALTH DEPARTMENT		501C3	RURAL HEALTH MICROGRANT FUND 2023	
1 LEO MOSS DRIVE				
DLEAN, NY 14760				5,000
CAYUGA COUNTY COMMUNITY HEALTH NETWORK,		501C3	DOULA PARTNERSHIP OF CAYUGA, CORTLAND, HERKIMER AND	
INC.			MADISON COUNTIES	
2119 W. GENESEE STREET ROAD AUBURN, NY 13021				335,000
NDDAW, NI 15021				
CAYUGA MEDICAL CENTER AT ITHACA		501C3	NY STATE ACTION COMMUNITY PHASE 2	
101 DATES DRIVE		50105	NI SIATE ACTION COMMONITI FIASE 2	
ITHACA, NY 14850				10,000
CENTER FOR ELDER LAW AND JUSTICE		501C3	MASTER PLAN FOR AGING 2023 (DELETED)	
438 MAIN STØSTE 1200				
BUFFALO, NY 14202				22,000

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

3a Grants and Contributions Paid During the Year		1		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
CENTER FOR EXCELLENCE IN HEALTH CARE		501C3	ASSOCIATION OF HEALTHCARE JOURNALISTS CONFERENCE	
JOURNALISM			FELLOWSHIPS (DELETED)	
10 NEFF HALL UNIVERSITY OF MISSOURI				
COLUMBIA, MO 65211				10,000
CENTRAL CURRENT, INC.		501C3	REPORTING ON THE GAPS IN THE SYRACUSE LEAD SYSTEM	
110 WEST FAYETTE STREET				
SYRACUSE, NY 13202				5,000
CENTRAL NEW YORK JAZZ FOUNDATION		501C3	TRUSTEE DISCRETIONARY FUND	
441 EAST WASHINGTON STREET				
SYRACUSE, NY 13202				1,000
CHILD & FAMILY SERVICES OF BUFFALO AND		501C3	TRUSTEE DISCRETIONARY FUND	
ERIE COUNTY				
330 DELAWARE AVE				
BUFFALO, NY 14202				3,000
CHILD CARE SOLUTIONS		501C3	PEDALS CNY - TRANSITION TO HUB	
6724 THOMPSON ROAD				
SYRACUSE, NY 13211				200,025
CITY MISSION SOCIETY, INC.		501C3	BUFFALO CITY MISSION - NEXT CENTURY CAMPAIGN	
100 E. TUPPER				62,500
BUFFALO, NY 14203				02,500
CONTROLM HOHAD OF ALLECING CONTROL THE		50102		
COMFORT HOUSE OF ALLEGANY COUNTY, INC. 141 EAST STATE STREET		501C3	TRUSTEE DISCRETIONARY FUND	
WELLSVILLE, NY 14895				2,500
				,300
Total from continuation sheets				

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
		501C3	PEDALS CNY - TRANSITION TO HUB	
COMMUNITY CONNECTIONS OF NY, INC. 217 E. DELAVAN AVE.		50103	PEDALS CNI - TRANSITION TO RUB	
BUFFALO, NY 14208				82,526
· · · · ·				
COMMUNITY HEALTH CENTER OF BUFFALO, INC.		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION	
4 BENWOOD AVE			COMMUNITY	
BUFFALO, NY 14214				10,000
COMMUNITY SERVICE SOCIETY OF NEW YORK		501C3	REACHING THE 5% OUTREACH AND ENGAGEMENT YEAR 2	
533 THIRD AVE, 10TH FLOOR			(DELETED)	
NEW YORK, NY 10017				180,000
		501C3	DET ADVANCEMENT AT CONDEED (DELETED)	
COMPEER WEST 1179 KENMORE AVE		50103	DEI ADVANCEMENT AT COMPEER (DELETED)	
BUFFALO, NY 14217				4,000
COUNCIL OF SENIOR CENTERS DBA LIVEON NY		GOVERNMENT	REFRAMING AGING MPA ADVOCACY	
49 WEST 45TH STREET07TH FLOOR				20,000
NEW YORK, NY 10036				20,000
CRISIS SERVICES		501C3	TRUSTEE DISCRETIONARY FUND	
100 RIVER ROCK DRIVE SUITE 300		50105		
BUFFALO, NY 14207				1,000
CROUSE HEALTH FOUNDATION		501C3	TRUSTEE DISCRETIONARY FUND	
736 IRVING AVE				
SYRACUSE, NY 13210				5,000

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
EARLY CHILDHOOD ALLIANCE ONONDAGA INC.		501C3	HMG ONONDAGA QI DATA ANALYTICS	
484 SOUTH SALINA STREET				
SYRACUSE, NY 13202				116,000
		50102		
ECMC FOUNDATION, INC. 462 GRIDER STREETG-1		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	
BUFFALO, NY 14215			COMMONITI	10 00(
BUTTALO, NI 14215				10,000
EDUCATION DEVELOPMENT CENTER, INC.		501C3	COMMUNITY BUILDING IN NIAGARA COUNTY TO ADDRESS ELDER	
300 5TH AVE2STE 2010			MISTREATMENT	
WALTHAM, MA 02451				171,250
EMPOWER PARKINSON		501C3	TRUSTEE DISCRETIONARY FUND	
PO BOX 353				
TULLY, NY 13159				5,000
ERIE NIAGARA AREA HEALTH EDUCATION CENTER,		501C3	ERIE NIAGARA AHEC DOULA COORDINATION AND SERVICE	
INC.				
77 GOODELL STREET, SUITE 460				
BUFFALO, NY 14203				200,000
		5 0 4 5 0		
EVERYTOWN FOR GUN SAFETY SUPPORT FUND PO BOX 3886		501C3	TRUSTEE DISCRETIONARY FUND	
				2,500
NEW YORK, NY 10163				2,500
FAMILY HELP CENTER		501C3	GRANDPARENTING ALL OVER AGAIN 2.0	
60 DINGENS STREET				
BUFFALO, NY 14206				11,000
Total from continuation sheets	•	•		

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

India and address (nome of usiness) or substantial contributor recipient FAMILY PROMISE OF WESTEEN NEW YORK 501C3 FRUSTEE DISCRETIONARY FUND 75 HICKORY STREET 501C3 FRUSTEE DISCRETIONARY FUND 100 JAMAGE E CASEY DR. 501C3 FRUSTEE DISCRETIONARY FUND 94 HUDSON STREET 501C3 FRUSTEE DISCRETIONARY FUND 934 HUDSON STREET 501C3 FRUSTEE DISCRETIONARY FUND 1310 L STREET NW, SUITE 650 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GBO) 1310 L STREET NW, SUITE 650 501C3 SRANTMAKERS IN AGING, INC 333 MANADOMEK ANF 4288 501C3 SRANTMAKERS IN AGING 2,5 GRANTMAKERS IN HEALTH 501C3 SRANTMAKERS IN HEALTH 4,6 GRANTMAKERS IN HEALTH 501C3 SRANTMAKERS IN HEALTH 6,1 100 CONSCITUET AVENUS, NV, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 8,7 GRASENOCTS CARDENS 501C3 SRANTMAKERS IN HEALTH 5,1 GRASENOCTS, DC 20036 501C3 SRANTMAKERS IN HEALTH 5,1 GRASENOCTS, DC 20036 501C3 SRANTMAKERS IN HEALTH 5,1 GRASENOCTS CARDENS 501C3 SRANTMAKERS IN HEALTH 5,1 Solo Sincelong Sinc	3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Durnage of grant or	
AMILY FROMISE OF WESTERN NEW YORK 501C3 TRUSTEE DISCRETIONARY FUND 5,0 VIFALO, NY 14204 501C3 TRUSTEE DISCRETIONARY FUND 5,0 EEDMORE WNY 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RIENDS OF NIGHT PROPLE 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RIENDS OF NIGHT PROPLE 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RIENDS OF NIGHT PROPLE 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,1 RANTMAKERS IN AGING, INC 301C3 GRANTMAKERS IN AGING 2,1 RANTMAKERS IN HEALTH 501C3 GRANTMAKERS IN AGING 4,0 RANTMAKERS IN HEALTH 501C3 GRANTMAKERS IN HEALTH 501C3 OG CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 GRANTMAKERS IN HEALTH 501C3 00 CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 GRANTMAKERS IN HEALTH 501C3 00 CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 GRANTMAKERS IN HEALTH 501C3 05 SOLDAWI STREET 501C3 GRANTMAKERS IN HEALTH 501C3 05 SOLDAWI STREET 501C3 GRASTROOTS GARDENS 501C3	Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
15 HICKORY STREET 501C3 FRUSTEE DISCRETIONARY FUND 5,6 VEEDWORE WAY 501C3 FRUSTEE DISCRETIONARY FUND 1,6 UUPRALO, NY 14206 501C3 FRUSTEE DISCRETIONARY FUND 1,6 VEEDWORE OF NTOHT PEOPLE 501C3 FRUSTEE DISCRETIONARY FUND 1,6 VIPALO, NY 14201 501C3 FRUSTEE DISCRETIONARY FUND 1,6 VIPALO, NY 14201 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1,6 VIPALO, NY 14201 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 VIPALO, NY 14201 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 VIPALO, NY 14201 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 VIPALO, NY 14201 501C3 SRANTMAKERS IN AGING 4,6 VIPALON, DC 20005 501C3 SRANTMAKERS IN AGING 4,6 VIPALONS, NY 10605 501C3 SRANTMAKERS IN HEALTH 6,7 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 6,7 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 6,7 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 6,7 101 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 6,7 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
UPFALO, NY 14204 501C3 FRUSTEE DISCRETIONARY FUND 5,0 EEDMORE WNY 501C3 FRUSTEE DISCRETIONARY FUND 1,0 WIRALO, NY 14205 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RIENDSON STREET 501C3 TRUSTEE DISCRETIONARY FUND 1,0 WIRALO, NY 14201 501C3 TRUSTEE DISCRETIONARY FUND 1,0 RANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 BRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 GEO1 310 L STREET NW, SUITE 650 501C3 BRANTMAKERS IN AGING 2,5 RANTMAKERS IN AGING, INC 501C3 BRANTMAKERS IN AGING 4,0 RANTMAKERS IN HEALTH 501C3 BRANTMAKERS IN HEALTH 4,0 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 BRANTMAKERS IN HEALTH 8,3 100 BROADWAY STREET 501C3 BRASEROO	AMILY PROMISE OF WESTERN NEW YORK		501C3	TRUSTEE DISCRETIONARY FUND	
FREEDWORE WNY 501C3 TRUSTEE DISCRETIONARY FUND 100 JAMES E CASEY DR. 1,0 SUPFALO, NY 14206 1,0 FRIENDS OF NIGHT PROPLE 501C3 194 HUDSON STREET 1,0 SUPFALO, NY 14201 1,0 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 GGO) 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 SRANTMAKERS IN AGING, INC 501C3 SRANTMAKERS IN AGING, INC 501C3 SRANTMAKERS IN AGING, INC 501C3 SRANTMAKERS IN HEALTH 501C3	75 HICKORY STREET				
100 JAMES E CASEY DR. 100 JAMES E CASEY DR. 1,0 SUPFALO, NY 14206 501C3 TRUSTEE DISCRETIONARY FUND PRIENDS OF NIGHT PEOPLE 501C3 TRUSTEE DISCRETIONARY FUND 394 HUDSON STREET 1,1 URPFALO, NY 14201 1,1 IRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 (GEO) 501C3 ISTREET NW, SUITE 650 2,2 WARSHINGTON, DC 20005 2,5 STANTMAKERS IN AGING, INC 501C3 SIG3 MARANECK AVE 4238 501C3 WHITE PLAINS, NY 10605 501C3 SRANTMAKERS IN HEALTH 501C3	BUFFALO, NY 14204				5,00
100 JAMES E CASEY DR. 100 JAMES E CASEY DR. 1,00 JUPFALO, NY 14206 501C3 TRUSTEE DISCRETIONARY FUND 1,00 S94 HUDSON STREET 1,00 1,00 1,00 1304 HUDSON STREET 1,00 1,00 1,00 1310 L STREET NW, SUITE 650 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1,00 1310 L STREET NW, SUITE 650 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,000 1333 MAMARONECK AVE #238 501C3 SRANTMAKERS IN AGING 4,000 RRANTMAKERS IN HEALTH 501C3 SRANTMAKERS IN HEALTH 600 1100 CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 8,100 1100 CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 SRANSROOTS GARDENS 8,100 1100 CONNECTIOUT AVENUE, NN, SUITE 1200 501C3 SRANSROOTS GARDENS 8,100					
SUFFALO, NY 14206 1, FRIENDS OF NIGHT PEOPLE 501C3 TRUSTEE DISCRETIONARY FUND 1, 934 HUDSON STREET 501C3 TRUSTEE DISCRETIONARY FUND 1, SUPFALO, NY 14201 1, 1, RRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 1, (GBO) 1310 L STREET NW, SUITE 650 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 SRANTMAKERS IN AGING, INC 501C3 SRANTMAKERS IN AGING 4,6 SIZANTMAKERS IN HEALTH 501C3 SRANTMAKERS IN HEALTH 4,6 NIDO CONNECTICUT AVENUE, NW, SUITE 1200 501C3 SRANTMAKERS IN HEALTH 8,7 SIRASENOOTS GARDENS 501C3 SRASENOOTS GARDENS 8,7			501C3	TRUSTEE DISCRETIONARY FUND	
PRIENDS OF NIGHT PEOPLE 501C3 TRUSTEE DISCRETIONARY FUND 394 HUDSON STREET 1, (SHAPTMAKERS FOR EFFECTIVE ORGANIZATIONS 1, ((GEO) 501C3 SRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (1310 L STREET NW, SUITE 650 2, 5 ARSHINGTON, DC 20005 2, 5 SRANTMAKERS IN AGING, INC 501C3 STANTMAKERS IN AGING, INC 501C3 STANTMAKERS IN HEALTH 501C3 I100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 ARSHINGTON, DC 20036 501C3 SRANTMAKERS IN HEALTH 501C3 STANTMAKERS IN HEALTH 501C3					1 000
394 HUDSON STREET 1,0 BUFFALO, NY 14201 1,0 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 (GEO) 1310 L STREET NW, SUITE 650 WASHINGTON, DC 20005 2,5 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING, STREET 501C3 GRANTMAKERS IN HEALTH 501C3 IND CONSECTICUT AVENUE, NW, SUITE 1200 501C3 WASHINGTON, DC 20036 501C3 GRANTMAKERS IN HEALTH 501C3 STANTMAKERS IN HEALTH 501C3					1,000
394 HUDSON STREET 1,0 BUFFALO, NY 14201 1,0 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 (GEO) 1310 L STREET NW, SUITE 650 WASHINGTON, DC 20005 2,5 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING, STREET 501C3 GRANTMAKERS IN HEALTH 501C3 IND CONSECTICUT AVENUE, NW, SUITE 1200 501C3 WASHINGTON, DC 20036 501C3 GRANTMAKERS IN HEALTH 501C3 STANTMAKERS IN HEALTH 501C3	FRIENDS OF NIGHT PEOPLE		501C3	TRUSTEE DISCRETIONARY FUND	
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 501C3 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) 1310 L STREET NW, SUITE 650 2,5 WASHINGTON, DC 20005 501C3 GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS 2,5 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING 2,5 GRANTMAKERS IN AGING, INC 501C3 GRANTMAKERS IN AGING 4,0 GRANTMAKERS IN HEALTH 501C3 GRANTMAKERS IN HEALTH 4,0 1100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 GRANTMAKERS IN HEALTH 8,7 GRASSROOTS GARDENS 501C3 GRASSROOTS GARDENS 501C3 GRASSROOTS GARDENS					
(GEO) 1310 L STREET NW, SUITE 650 2,5 MASHINGTON, DC 20005 2,5 GRANTMAKERS IN AGING, INC 501c3 S333 MAMARONECK AVE #238 501c3 WHITE PLAINS, NY 10605 4,0 SRANTMAKERS IN HEALTH 501c3	BUFFALO, NY 14201				1,000
(GEO) 1310 L STREET NW, SUITE 650 2,5 MASHINGTON, DC 20005 2,5 GRANTMAKERS IN AGING, INC 501c3 S333 MAMARONECK AVE #238 501c3 WHITE PLAINS, NY 10605 4,0 SRANTMAKERS IN HEALTH 501c3			50103		
1310 L STREET NW, SUITE 650 2,5 WASHINGTON, DC 20005 2,5 GRANTMAKERS IN AGING, INC 501C3 333 MAMARONECK AVE #238 501C3 WHITE PLAINS, NY 10605 4,0 GRANTMAKERS IN HEALTH 501C3 1100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 GRASSROOTS GARDENS 501C3 GRASSROOTS GARDENS 501C3			50105	SAANIMAKERS FOR EFFECTIVE ORGANIZATIONS	
washington, DC 20005 2,5 grantmakers in Aging, Inc 501C3 333 MAMARONECK AVE #238 501C3 white plains, NY 10605 4,0 grantmakers in health 4,0 1100 connecticut avenue, NW, SUITE 1200 501C3 washington, DC 20036 501C3 grassroots gardens 501C3 states 501C3					
333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605 GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 GRASSROOTS GARDENS 389 BROADWAY STREET					2,500
333 MAMARONECK AVE #238 WHITE PLAINS, NY 10605 GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 GRASSROOTS GARDENS 389 BROADWAY STREET					
WHITE PLAINS, NY 10605 4, C GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 501C3 GRADENS GRASSROOTS GARDENS 389 BROADWAY STREET 501C3 GRADENS	GRANTMAKERS IN AGING, INC		501C3	GRANTMAKERS IN AGING	
GRANTMAKERS IN HEALTH 501C3 GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW, SUITE 1200 501C3 GRANTMAKERS IN HEALTH WASHINGTON, DC 20036 501C3 GRASSROOTS GARDENS GRASSROOTS GARDENS 501C3 GRASSROOTS GARDENS 389 BROADWAY STREET 501C3 GRASSROOTS GARDENS					
1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 GRASSROOTS GARDENS 389 BROADWAY STREET	WHITE PLAINS, NY 10605				4,000
1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036 GRASSROOTS GARDENS 389 BROADWAY STREET	CDANIMWAWEDG IN HEALMH		50102	CRANINA VER C IN URATINU	
WASHINGTON, DC 20036 8,7 GRASSROOTS GARDENS 389 BROADWAY STREET			50105	SAANIMAKEKS IN HEALIH	
GRASSROOTS GARDENS 389 BROADWAY STREET					8,725
389 BROADWAY STREET	·				,
	GRASSROOTS GARDENS		501C3	GRASSROOTS GARDENS	
BUFFALO, NY 14204 15,0	389 BROADWAY STREET				
	BUFFALO, NY 14204				15,000

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323641 04-01-23

22-3804398

Supplementary Information (continued) Part XIV

Form 990-PF

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEALTHCARE ASSOCIATION OF NEW YORK STATE		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION	
ONE EMPIRE DRIVE			COMMUNITY	
RENSSELAER, NY 12144				75,594
HEALTHY COMMUNITY ALLIANCE, INC.		501C3	MACKENZIE SCOTT 2023 RURAL HEALTH NETWORKS	
1 SCHOOL STREET				
GOWANDA, NY 14070				75,000
HOLY CROSS HEAD START, INC.		501C3	CFK - HOLY CROSS HEAD START (DELETED)	
50 MARYLAND STREET				2 500
BUFFALO, NY 14201				3,500
IN HIS NAME OUTREACH, INC.		501C3	RURAL HEALTH MICROGRANT FUND 2023	
576 DICK RD0 SUITE 11				
DEPEW, NY 14043				5,000
INCLUSIVE ALLIANCE IPA INC.		501C3	COMMUNITY CARE HUB	
PO BOX 12167				
SYRACUSE, NY 13218				10,000
INDEPENDENT HEALTH FOUNDATION, INC.		501C3	GROWING UP STRONG/INDEPENDENT HEALTH FOUNDATION	
511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221				75,000
				75,000
INTEGRATED COMMUNITY ALTERNATIVES NETWORK		501C3	HEALTHY CONNECTIONS FROM THE START	
310 MAIN STREET				
UTICA, NY 13501				81,376

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
NTEGRATED COMMUNITY PLANNING OF OSWEGO OUNTY INC 17 W 1ST STREET SUITE 111		501C3	OSWEGO HMG BEMI TRAINING AND PLANNING (DELETED)	
SWEGO, NY 13126				12,000
NTERFAITH WORKS OF CENTRAL NEW YORK 010 JAMES STREET		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	
YRACUSE, NY 13203				5,000
DE FAMILY FOUNDATION 947 SANDPIPER LANE		501C3	TRUSTEE DISCRETIONARY FUND	
IVERPOOL, NY 13090				2,000
OHN SNOW, INC. 4 FARNSWORTH ST		501C3	WNY SAFETY NET NEEDS ASSESSMENT 2022 UPDATE	
OSTON, MA 02210				70,000
OSEPH'S HOUSE FOR WOMEN 02 COURT STREET		501C3	TRUSTEE DISCRETIONARY FUND	
YRACUSE, NY 13208				5,000
AKESHORE CONNECTIONS 17 EAST DELAVAN		501C3	FELLOWS ACTION NETWORK 2022-2024	
OSTON, MA 02210				18,975
EUKEMIA & LYMPHOMA SOCIETY O BOX 22470		501C3	LLS LOCAL TRAVEL ASSISTANCE INITIATIVE	
EW YORK, NY 10087				10,000

323641 04-01-23

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	E a un de tiere	Durante of most on	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LIFESPAN OF GREATER ROCHESTER, INC.		501C3	LIFESPAN - COMMUNITY CARE CONNECTIONS	
900 S. CLINTON AVE				
ROCHESTER, NY 14618				100,00
JITTLE PORTION FRIARY		501C3	TRUSTEE DISCRETIONARY FUND	
L305 MAIN STREET				
BUFFALO, NY 14209				2,500
MADISON COUNTY RURAL HEALTH COUNCIL INC.		501C3	MACKENZIE SCOTT 2023 RURAL HEALTH NETWORKS	
PO BOX 430 CAZENOVIA, NY 13035				75,00
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MADONNA OF THE STREET INC. DBA ST. LUKE'S		501C3	TRUSTEE DISCRETIONARY FUND	
MISSION OF MERCY				
P.O. BOX 1136				
BUFFALO, NY 14215				5,000
MASSACHUSETTS AVENUE PROJECT		501C3	TRUSTEE DISCRETIONARY FUND	
387 MASSACHUSETTS AVE				
BUFFALO, NY 14213				2,500
MENTAL HEALTH ADVOCATES OF WESTERN NEW		501C3	4TH ANNUAL FAMILY ENGAGEMENT CONFERENCE	
YORK				
1021 BROADWAY STREET 5TH FLOOR				
BUFFALO, NY 14212				5,000
IID-ERIE MENTAL HEALTH SERVICES DBA		501C3	TRUSTEE DISCRETIONARY FUND	
ENDEAVOR HEALTH				
1526 WALDEN AVENUE, SUITE 400				
CHEEKTOWAGA, NY 14225				5,000

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,			
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
MOST VALUABLE PARENTS OF BUFFALO		501C3	VIOLENCE PREVENTION PROGRAM (DELETED)	
59 WEBER AVE				
BUFFALO, NY 14215				9,000
MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS 144 GENESEE ST.		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	
BUFFALO, NY 14203				10,000
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE AND NIAGARA		501C3	NATIVE AMERICAN COMMUNITY SERVICES (DELETED)	
1005 GRANT ST #A BUFFALO, NY 14207				25,000
				,
NEW YORK ACADEMY OF MEDICINE		501C3	AL 2.0	
1216 FIFTH AVENUE				
NEW YORK, NY 10027				25,000
NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC. PO BOX 653		501C3	MACKENZIE SCOTT 2023 RURAL HEALTH NETWORKS	
CANASTOTA, NY 13032				30,000
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET		501C3	STATEWIDE SENIOR ACTION HEALTH TASK FORCE (DELETED)	
ALBANY, NY 12210				50,000
NY FUNDERS ALLIANCE		501C3	NON-PROFIT SUPPORT GROUP (DELETED)	
431 E. FAYETTE ST				
SYRACUSE, NY 13202				41,500

323641 04-01-23

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Durpoo of grapt or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NY FUNDERS ALLIANCE INITIATIVES FUND THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	NONPROFIT SUPPORT GROUP SUPPLEMENTAL GRANT (DELETED)	35,995
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. PO BOX 295 BUFFALO, NY 14223		501C3	BUFFALO CENTER FOR HEALTH EQUITY (DELETED)	50,000
PAPPY MARTIN LEGACY JAZZ COLLECTIVE 136 MERCER AVE. BUFFALO, NY 14214		501C3	TRUSTEE DISCRETIONARY FUND	7,000
PARTNERS IN COMMUNITY DEVELOPMENT 45 MAXON STREET ROCHESTER, NY 14609		501C3	TRUSTEE DISCRETIONARY FUND	1,000
PEAK GRANTMAKING 1701 PENNSYLVANIA AVE NW, SUITE 200 WASHINGTON, DC 20006		501C3	PEAK GRANTMAKING	2,000
PHILANTHROPY NEW YORK 320 EAST 43RD STREET NEW YORK, NY 10017		501C3	PHILANTHROPY NEW YORK MEMBERSHIP	6,400
POLICE ATHLETIC LEAGUE OF BUFFALO 65 NIAGARA SQ21ST FL BUFFALO, NY 14202		501C3	HEALTHY LIVING FARM TO FORK WBLK SPONSORSHIP (DELETED)	24,600

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

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
			, integrate
	501C3	ADVOCACY 2022	
			10,000
	501C3	EXPERIENCE CORPS - READ TO SUCCEED BUFFALO	
			50,000
	501C3	RISE CASE MANAGERS WNY	72,784
	501C3	ADVOCACY 2023	
			25,000
	501C3	MACKENZIE SCOTT 2023 RURAL HEALTH NETWORKS	75,000
	501C3	SAFE KIDS SOUTHERN TIER NEW YORK COALITION	150,000
	501C3	TRUSTEE DISCRETIONARY FUND	
			2,500
		501C3 501C3 501C3 501C3 501C3	501C3 RISE CASE MANAGERS WNY 501C3 ADVOCACY 2023 501C3 ADVOCACY 2023 501C3 MACKENZIE SCOTT 2023 RURAL HEALTH NETWORKS 501C3 SAFE KIDS SOUTHERN TIER NEW YORK COALITION

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	American
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
THE DOMMAN HOUSE		50103	TRUCTER DI CODETIONADI EUND	
THE BOWMAN HOUSE		501C3	TRUSTEE DISCRETIONARY FUND	
731 LAFAYETTE STREET				5,000
UTICA, NY 13502				3,000
THE RESEARCH FOUNDATION OF SUNY UB		501C3	UNIVERSITY AT BUFFALO KICKSTART FOOT CARE PROGRAM	
520 LEE ENTRANCE SUITE 211				
AMHERST, NY 14228				27,600
THE UPSTATE FOUNDATION, INC.		501C3	THINKING HEALTHY PROGRAM	
750 E. ADAMS ST, CAB326				
SYRACUSE, NY 13210				59,975
TULLY FREE LIBRARY		501C3	TRUSTEE DISCRETIONARY FUND	
12 STATE STREET				5 000
TULLY, NY 13159				5,000
UNITED WAY OF BUFFALO AND ERIE COUNTY		501C3	CO-CREATING WELL BEING EXPANSION	
742 DELAWARE AVENUE		50105		
BUFFALO, NY 14209				84,000
UNITED WAY OF CENTRAL NEW YORK, INC.		501C3	CO-CREATING WELL BEING EXPANSION	
980 JAMES STREET				
SYRACUSE, NY 13203				40,000
UNIVERSAL PRIMARY CARE		501C3	CARE TEAM OF THE FUTURE (DELETED)	
135 NORTH UNION STREET				
OLEAN, NY 14760				30,000

323641 04-01-23

22-3804398

Part XIV Supplementary Information (continued)

Form 990-PF

3a Grants and Contributions Paid During the Year Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
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
VILLAGE BIRTH INTERNATIONAL 20 BOX 205		501C3	TRUSTEE DISCRETIONARY FUND	
YRACUSE, NY 13205				5,00
JEST BUFFALO CHARTER SCHOOL 13 LAFAYETTE AVE SUFFALO, NY 14213		501C3	TRUSTEE DISCRETIONARY FUND	2,50
ESTERN NEW YORK CLINICAL INFORMATION XCHANGE 475 GEORGE URBAN BLVD SUITE 202		501C3	FELLOWS ACTION NETWORK 2022-2024	
DEPEW, NY 14043				107,14
ESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC. 42 DELAWARE AVENUE		501C3	CHRONIC DISEASE SELF MANAGEMENT PROGRAM	
UFFALO, NY 14209				15,00
ESTERN NEW YORK PUBLIC BROADCASTING SSOCIATION 40 LOWER TERRACE STREET		501C3	WBFO OLDER ADULTS NEWS DESK (DELETED)	
SUFFALO, NY 14202				33,00
OUNG WOMEN'S CHRISTIAN ASSOCIATION - AMESTOWN 01 N. MAIN ST		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	
AMESTOWN, NY 14701				5,00

323641 04-01-23

22-3804398

Form 990-PF NEW YORK
Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
ALZHEIMER'S DISEASE & RELATED DISORDERS		501C3	SOUTHERN TIER ALZHEIMER'S AND DEMENTIA COMMUNITY	
ASSN CNY CHAPTER			FORUM	
6400 SHERIDAN DR, SUITE 320				
AMHERST, NY 14221				3,000
ARDENT SOLUTIONS		501C3	SOUTHERN TIER CHILD ADVOCACY CENTER	
85 N MAIN STREET, SUITE 4				200,000
WELLSVILLE, NY 14895				200,000
BOSTON FOUNDATION, INC. DBA THE		501C3	WNY MEMORY CAF INITIATIVE	
PHILANTHROPIC INITIATIVE				
25 ARLINGTON ST, 3RD FLOOR				
BOSTON, MA 02116				175,000
CAYUGA COMMUNITY HEALTH NETWORK, INC.		501C3	DOULA PARTNERSHIP OF CAYUGA, CORTLAND, HERKIMER AND	
2119 W GENESSEE ST			MADISON COUNTIES	
AUBURN, NY 13021				260,000
CENTRAL CURRENT, INC. 110 WEST FAYETTE ST.		501C3	REPORTING ON THE GAPS IN THE SYRACUSE LEAD SYSTEM	
SYRACUSE, NY 13202				5,000
· · ·				,
CHILD CARE SOLUTIONS		501C3	PEDALS CNY HUB SUPPORT & EXPANSION	
6724 THOMPSON RD				
SYRACUSE, NY 13211				548,507
EARLY CHILDHOOD ALLIANCE OF ONONDAGA		501C3	HELP ME GROW ONONDAGA QI & DATA ANALYTICS FOR SYSTEMS	
518 JAMES ST, SUITE 200			CHANGE	
SYRACUSE, NY 13220				75,000
Total from continuation sheets		1		2,789,948.

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Pa Recipient	If recipient is an individual,	Foundation	Durrance of smart an	
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
ERIE NIAGARA AREA HEALTH EDUCATION CENTER 100 LEROY AVE., SUITE 250. BUFFALO, NY 14214		501C3	DOULA COORDINATION AND SERVICES PROGRAM	300,000
GRANTMAKERS FORUM OF NEW YORK INC. D/B/A NY FUNDERS ALLIANCE INITIATIVES FUND 431 E FAYETTE ST SYRACUSE, NY 13202		501C3	WNY NONPROFIT SUPPORT GROUP	128,281
HEALTHCARE EDUCATIONAL & RESEARCH FUND, INC. ONE EMPIRE DR.		501C3	AGE-FRIENDLY HEALTH SYSTEM: NEW YORK STATE ACTION COMMUNITY 3.0	
RENSSELAER, NY 12144				114,640
HEALTHELINK 2568 WALDEN AVE BUFFALO, NY 14225		501C3	HEALTH HOMES TECHNOLOGY	20,000
INCLUSIVE ALLIANCE IPA INC. PO BOX 12167 SYRACUSE, NY 13218		501C3	A CNY COMMUNITY CARE HUB	170,000
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221		501C3	GROWING UP STRONG: WNY HEALTHYSTEPS	50,000
INTEGRATED COMMUNITY PLANNING OF OSWEGO COUNTY INC. 317 W 1ST ST STE 111		501C3	HELP ME GROW OSWEGO INITIAL PLANNING & IMPLEMENTATION	
OSWEGO, NY 13126				200,000

323645 04-01-23

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Pay			TT	
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
JOHN SNOW, INC.		501C3	WNY SAFETY NET CAPACITY ANALYSIS	
44 FARNSWORTH ST (7TH FLOOR) BOSTON, MA 02210				120,000
LIFESPAN OF GREATER ROCHESTER INC. 1900 S CLINTON AVE		501C3	COMMUNITY CARE CONNECTIONS	
ROCHESTER, NY 14618				60,000.
NEW YORK ACADEMY OF MEDICINE		501C3	AGE FRIENDLY: GO LOCAL 2.0	
1216 FIFTH AVENUE NEW YORK, NY 10029				50,320.
NEW YORK STATE ASSOCIATION FOR RURAL		501C3	NEW YORK STATE ASSOCIATION FOR RURAL HEALTH CAPACITY	
HEALTH, INC. PO BOX 653			BUILDING SUPPORT	
CANASTOTA, NY 13032				150,000.
OSBOURNE ASSOCIATION		501C3	SAFEGUARDING CHILDREN OF ARRESTED PARENTS TRAINING	
34 BENWOOD AVENUE (4TH FLOOR) BUFFALO, NY 14214				3,000.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. PO BOX 295		501C3	BUFFALO CENTER FOR HEALTH EQUITY	
BUFFALO, NY 14223				25,000.
READ TO SUCCEED BUFFALO, INC.		501C3	EXPERIENCE CORPS	
392 PEARL STREET. BUFFALO, NY 14202				25,000.
,				20,000.
Total from continuation sheets	I	I		

22-3804398

Form 990-PF

Part XIV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Pay	ment			
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
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY		501C3	ORAL HEALTH PROJECT & MEDICAID MATTERS NY	
540 BROADWAY, ALBANY ALBANY, NY 12207				100,000
SOUTH BUFFALO COMMUNITY ASSOCIATION 35 CAZENOVIA STREET BUFFALO, NY 14220		501C3	EMERGENCY PREPAREDNESS FOR OLDER ADULTS IN THE CITY OF BUFFALO	7,200
Total from continuation sheets				

Underpayment of Estimated	Tax by	Corporations
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FORM 990-PF

OMB No. 1545-0123 2023

Department of the Treasury Internal Revenue Service

22

Form

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information

HEALTH FOUNDATION FOR WESTERN & CENTRAL Name

NEW YORK

Employer identification number 22-3804398

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

Part I Required Annual Payment			
1 Total tax (see instructions)		1	92,314.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
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	2b		
c Credit for federal tax paid on fuels (see instructions)			
d Total. Add lines 2a through 2c		<u>2d</u>	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. Th does not owe the penalty			92,314.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on l		4	231,940.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to			
enter the amount from line 3			92,314.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are che even if it does not owe a penalty. See instructions.	cked, the corporation must	; file Form 2220	

6	The c	orporation is	using the ac	ljusted seasonal	installment i	method.
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7 **X** The corporation is using the annualized income installment method.

X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax 8

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. 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	9	05/15/23	06/15/23	09/15/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	1,571.			
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11				
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				
13	Add lines 11 and 12	13				
14	Add amounts on lines 16 and 17 of the preceding column	14				
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.			
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16				
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17	1,571.			
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18				
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owe	d.	
_						

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2023)

LHA 312801 02-05-24

FO	RM	99	0	-P	F
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Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(C)		(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.							
	(C corporations with tax years ending June 30							
	and S corporations: Use 3rd month instead of 4th month.							
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19						
0	Number of days from due date of installment on line 9 to the	10						
	date shown on line 19	20						
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21						
•			¢	¢	¢		<u></u>	
Z	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$		\$	
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23						
4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07)	24	\$	\$	\$		\$	
_								
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25						
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08)	26	\$	\$	\$		\$	
	365		Ψ	Ψ	Ψ		Ψ	
27	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SEE	ATTACHED W	DRKSHEET			
28	Underpayment on line 17 x Number of days on line 27 x 8% (0.08)	28	\$	\$	\$		\$	
0		20						
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29						
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$		\$	
	366							
81	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31						
_			^		^		A	
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33						
-								
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$		\$	
	366							
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35						
6	Lister and a list 47 a black as fider as list 25 a 10	36	¢	\$	\$		\$	
0	Underpayment on line 17 x Number of days on line 35 x *%	30	φ	φ	φ		φ	
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
	· · · · · · · · · · · · · · · · · · ·							
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable				
	line for other income tax returns					38	\$	121

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**. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

Form 2220 (2023)

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 M	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)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2020	1a				
b Tax year beginning in 2021	1b				
c Tax year beginning in 2022	1c				
2 Enter taxable income for each period for the tax year beginning in					
2023. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire year
3 Enter taxable income for the following periods.					
a Tax year beginning in 2020	3a				
b Tax year beginning in 2021	3b				
c Tax year beginning in 2022	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4				
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add lines 4 through C	_				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
	9a				
9a Divide line 2 by line 8 b Extraordinary items (see instructions)	9a 9b				
c Add lines 9a and 9b	90 90				
10 Figure the tax on the amt on In 9c using the instr for Form	30				
1120, Sch J, line 1, or comparable line of corp's return	10				
11a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 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)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed					
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If					
zero or less, enter -0-	19				

34

312821 02-05-24

Form 2220 (2023)

22-3804398 Page 3

Part II Annualized Income Installment Method

		(a)	(b)	(C)	(d)
		First 2	First 4	First 7	First 10
20 Annualization periods (see instructions)	20	months	months	months	months
21 Enter taxable income for each annualization period. See					
instructions for the treatment of extraordinary items	21	75,363.			
22 Annualization amounts (see instructions)	22	6.000000	3.000000	1.714290	1.200000
23a Annualized taxable income. Multiply line 21 by line 22	23a	452,178.			
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	452,178.			
24 Figure the tax on the amount on line 23c using the					
instructions for Form 1120, Schedule J, line 1,					
or comparable line of corporation's return	24	6,285.			
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	6,285.			
28 For each period, enter the same type of credits as allowed		0,2001			
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	6,285.			
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	1,571.			
Part III Required Installments		· · ·		·	
Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
before completing the next column.		installment	installment	installment	installment
32 If only Part I or Part II is completed, enter the amount in					
each column from line 19 or line 31. If both parts are					
completed, enter the smaller of the amounts in each					
column from line 19 or line 31	32	1,571.	0.	0.	0.
33 Add the amounts in all preceding columns of line 38.					
See instructions	33				
34 Adjusted seasonal or annualized income installments.					
Subtract line 33 from line 32. If zero or less, enter -0- \dots	34	1,571.			
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
each column. Note: "Large corporations," see the				~ ~ ~ ~	~~ ~~~
instructions for line 10 for the amounts to enter	35	23,079.	23,078.	23,079.	23,078.
36 Subtract line 38 of the preceding column from line 37 of			21 500	11 EQC	
the preceding column	36		21,508.	44,586.	67,665.
37 Add lines 35 and 36	37	23,079.	44,586.	67,665.	90,743.
38 Required installments. Enter the smaller of line 34 or					
line 37 here and on page 1 of Form 2220, line 10.		1 5 7 1	~		^
See instructions	38	1,571.	0.	0.	0.

Form **2220** (2023)

** ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

312822 02-05-24

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

EALTH FOUNDATION FOR WESTERN & CENTRAL EW YORK				22-3804	22-3804398	
(A)	(B)	(C)	(D)	(E)	(F)	
*Date	Amount	Adjusted Balance Due	Number Days Balance Due	Daily Penalty Rate	Penalty	
		-0-				
5/15/23	1,571.	1,571.	138	.000191781	4	
9/30/23	0.	1,571.	92	.000219178	3	
2/31/23	0.	1,571.	136	.000218579	4	

* Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23

FORM 990-PF	DIVIDENDS	AND INTER.	EST FROM SECU	JRITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	
NONPUBLICLY TRADED	72,415.		0. 72,415	5. 72,415.	
PUBLICLY TRADED INVESTMENTS	1,135,901.		0. 1,135,901	1,135,901.	
TO PART I, LINE 4	1,208,316.		0. 1,208,316	5. 1,208,316.	
FORM 990-PF		OTHER I	NCOME	s	TATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASSED THROUGH K-1S OTHER INVESTMENT IN	COME		0. 769,449. 63,133.	6,659,604. 0. 0.	
RETURNED GRANT FUND OTHER INCOME	S		575.	0.	
RETURNED GRANT FUND OTHER INCOME		 LINE 11	575.		
RETURNED GRANT FUND		LINE 11 —— LEGAL	575.	0.	TATEMENT 3
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P			575.	0.	TATEMENT 3 (D) CHARITABLE PURPOSES
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P FORM 990-PF		LEGAL (A) EXPENSES	575. 833,157. FEES (B) NET INVEST-	0. 6,659,604. S (C) ADJUSTED NET INCOME	(D) CHARITABLI
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION	F, PART I,	LEGAL (A) EXPENSES PER BOOKS	575. 833,157. FEES (B) NET INVEST- MENT INCOME	0. 6,659,604. S (C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES 33,968
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1,	F, PART I,	(A) EXPENSES PER BOOKS 33,968.	575. 833,157. FEES (B) NET INVEST- MENT INCOME 0. 0.	0. 6,659,604. (C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES 33,968
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P: FORM 990-PF DESCRIPTION LEGAL FEES	F, PART I,	LEGAL (A) EXPENSES PER BOOKS 33,968. 33,968.	575. 833,157. FEES (B) NET INVEST- MENT INCOME 0. 0.	0. 6,659,604. (C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES 33,968 33,968 33,968 TATEMENT 4
RETURNED GRANT FUND OTHER INCOME TOTAL TO FORM 990-P: FORM 990-PF LEGAL FEES TO FM 990-PF, PG 1, FORM 990-PF	F, PART I,	(A) EXPENSES PER BOOKS 33,968. 33,968. 33,968. ACCOUNTI (A) EXPENSES	575. 833,157. FEES (B) NET INVEST- MENT INCOME 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0. 6,659,604. (C) ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 33,968 33,968 33,968 TATEMENT 4 (D) CHARITABLE

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FORM 990-PF	OTHER PROFES	THER PROFESSIONAL FEES STATEMEN'		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES EVALUATION CONSULTANTS PROGRAM CONSULTANTS ADMINISTRATIVE CONSULTANTS	1,063,073. 64,768. 401,225. 75,014.			0. 64,768. 476,239. 0.
TO FORM 990-PF, PG 1, LN 160	2 1,604,080.	1,063,073.		541,007.

FORM 990-PF	TAXES ST.			TATEMENT 6
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
FEDERAL TAXES	198,227.	0.		0.
PASSED THROUGH K-1	0.	97,421.		0.
NYS FILING FEES	1,500.	0.		1,500.
TO FORM 990-PF, PG 1, LN 18	199,727.	97,421.		1,500.

FORM 990-PF	OTHER E	OTHER EXPENSES STA		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TELEPHONE/ELECTRONIC				
COMMUNICATION	114,562.	0.		114,562.
OFFICE EXPENSE	188,040.	0.		188,040.
INSURANCE	9,624.	0.		9,624.
SPONSORED EVENTS	41,842.	0.		41,842.
MAINTENANCE EXPENSE	41,296.	0.		41,296.
MISCELLANEOUS EXPENSE	2,879.	0.		2,875.
MEMBERSHIP DUES	8,170.	0.		8,170.
PASSED THROUGH K-1	0.	439,100.		0.
TO FORM 990-PF, PG 1, LN 23	406,413.	439,100.		406,409.

22-3804398

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FORM 990-PF CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ARISTOTLE SMALL CAP EQUITY FUND EDGEWOOD HARBOR DIVERSIFIED VANGUARD EMG MARKETS INDEX VANGUARD TOTAL INTL STOCK	2,732,553. 5,012,523. 9,365,842. 3,538,015. 8,292,464.	2,732,553. 5,012,523. 9,365,842. 3,538,015. 8,292,464.
TOTAL TO FORM 990-PF, PART II, LINE 10B	28,941,397.	28,941,397.

22 - 3804398

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
			E7_1/C
ACCOLADE PARTNERS IX, LP	FMV	57,146.	57,146.
AG REALTY VALUE FUND X, LP	FMV	1,377,395.	1,377,395.
AG REALTY VALUE FUND XI, LP	FMV	388,647.	388,647.
BAIN CAPITAL REAL ESTATE FUND III	FMV	92,716.	92,716.
DAVIDSON KEMPNER INSTITUTIONAL	FMV		
PARTNERS, LP		2,224,232.	2,224,232.
DRAKE	FMV	11,026,426.	11,026,426.
DRUM SPECIAL SITUATIONS PARTNERS	FMV		
IV LP		1,064,951.	1,064,951.
GOVERNORS LANE OFFSHORE FUND, LTD	FMV	2,960,424.	2,960,424.
IRONSIDES PARTNERSHIP FUND V, LP	FMV	2,300,443.	2,300,443.
IRONSIDES PARTNERSHIP FUND VI, LP	FMV	651,386.	651,386.
LAKEWOOD CAPITAL OFFSHORE FUND, LTD	FMV	3,022,636.	3,022,636.
LANDMARK EQUITY PARTNERS XVI LP	FMV	1,307,833.	1,307,833.
MB GLOBAL SPECIAL OPPORTUNITIES	FMV		
FUND L		315,304.	315,304.
NEWBURY EQUITY PARTNERS V LP	FMV	784,697.	784,697.
RCP FUND XI	FMV	1,929,826.	1,929,826.
RCP FUND XII	FMV	2,389,445.	2,389,445.
RIVERSIDE CAPITAL APPRECIATION FUND	FMV	2,000,1100	2,000,1100
VII-A, LP	1110	863,787.	863,787.
SEAPORT GLOBAL PROPERTY SECURITIES	FMV	005,101.	005,707.
FUND, L.P (AEW)	1 11 0	4,284,954.	4,284,954.
SILCHESTER	FMV	11,072,959.	11,072,959.
		11,072,959.	11,072,959.
SOUTHPOINT QUALIFIED OFFSHORE FUND,	FMV	2 615 260	2 615 260
LTD	T31) (3.7	2,615,269.	2,615,269.
SSGA 500 INDEX	FMV	28,483,784.	28,483,784.
SSGA GLOBAL LARGE MIDCAP	FMV	5,934,613.	5,934,613.
STEPSTONE VC GLOBAL PARTNERS VIII	FMV	1 = = 2 = 0.1 =	1 550 045
LP		1,553,815.	1,553,815.
STEPSTONE VC GLOBAL PARTNERS IX LP	FMV	1,757,920.	1,757,920.
STEPSTONE GLOBAL PARTNERS X LP	FMV	676,276.	676,276.
THE RESOLUTE FUND IV, L.P	FMV	2,592,633.	2,592,633.
THE RESOLUTE FUND V, L.P	FMV	1,341,516.	1,341,516.
VARDE CREDIT PARTNERS (OFFSHORE),	FMV		
LTD		2,425,815.	2,425,815.
WELLINGTON EMERGING MARKETS LOCAL	FMV		
EQUITY (2)		2,221,820.	2,221,820.
WELLINGTON SMID CAP RESEARCH EQUITY	FMV	5,282,318.	5,282,318.
WHI REAL ESTATE PARTNERS V, LP	FMV	1,585,192.	
WNY IMPACT FUND	FMV	752,629.	
WNY IMPACT FUND II	FMV	319,226.	
FIDELITY US BOND INDEX FUND	FMV	5,446,221.	5,446,221.
COLLATERAL (VANGUARD INTERMEDIATE)	FMV	6,138,275	6,138,275.
FPA CRESCENT	FMV	1,894,929.	
TOTAL TO FORM 990-PF, PART II, LINE 1	3	119,137,458.	119,137,458.

40 STATEMENT(S) 9 2023.05000 HEALTH FOUNDATION FOR WES W0058501

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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.		0.
8 CHAIRS (KNOLL)	3,557.		0.
4 RECTANGULAR TABLES	777.		0.
SYRACUSE IMPROVEMENT	20,000.		0.
BUFFALO IMPROVEMENTS	56,566.		0.
OFFICE FURNITURE - BUFFALO	8,833.		0.
VIDEO CONFERENCING EQUIPMENT -	0,055.	0,055.	0.
BUFFALO	47,194.	47,194.	0.
VIDEO CONFERENCE UPGRADE	7,105.		0.
	7,105.	7,105.	0.
ERGONOMIC CHAIRS & OFFICE	6,264.	6 264	0
FURNITURE	6,264.	6,264.	0.
VIDEO 190 - UPGRADE TO	4.6.7		0
CONFERENCE ROOM	467.	467.	0.
MONITORS AND PROJECTOR	1,518.	1,518.	0.
FURNITURE	830.	830.	0.
SIGN IN FRONT OFFICE	3,150.		0.
RE/FE SOFTWARE	45,453.		0.
GE SOFTWARE	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.		0.
BUFFALO OFFICE EXPANSION 2014	82,478.	78,354.	4,124.
BUFFALO OFFICE FURNITURE	23,721.	22,337.	1,384.
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.		0.
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.		5,966.
HP PROBOOK 450 G3 15.6"	23,003.	1,00,1	5,500.
TOUCHSCREEN NOTEBOOK	865.	865.	0.
LAPTOP AND DOCKING STATION	1,030.	1,030.	0.
HFWCNY HALL SIGN	1,005.	1,030.	0.
FIVE DRAWER FILE CABINET	1,053.	1,005.	0.
	I,UDJ.	I,033.	υ.
DELL OPTIPLEX 3040 DESKTOP	1 1 1 0 0	1 1 1 0 0	^
COMPUTER	1,129.	1,129.	0.

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41 STATEMENT(S) 10 2023.05000 HEALTH FOUNDATION FOR WES W0058501

PRO BOOK (HP) DOCKING			
STATION/MONITORS	1,801.	1,801.	0.
FURNITURE FOR PRESIDENTS			
OFFICE	10,408.		
4 - VARICHAIRS	762.	681.	
8 - VARIDESKS		4,612.	
RICOH COLOR COPIER	8,905.	5,269.	3,636.
SMALL TRAVEL LAPTOP -	1 600	1 600	•
PRESIDENT	1,680.	1,680.	0.
BROTHER PRINTER - PRESIDENTS	200	200	0
OFFICE	380. 1,493.	380. 1,493.	0. 0.
5 - DOCKING STATIONS 5-DELL LAPTOPS _ PROGRAM TEAM	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.		0.
VP OF FINANCE - MONITORS	488.	488.	0.
OFFICE MANAGER - MONITORS	488.	488.	0.
GRANTS MANAGER - MONITORS	488.	488.	0.
SERVER OPERATING SYSTEM_MS	1001	1000	0.
OFFICE LICENSES	499.	499.	0.
SYRACUSE OFFICE PAINTING	4,300.	4,300.	0.
DELL LAPTOP CUSTOM BUILT	1,567.	1,567.	0.
DELL DOCKING STATION	295.	295.	0.
RICOH COPY MACHINE	5,936.	2,968.	2,968.
SYRACUSE OFFICE FURNITURE -	,	•	
2019	11,416.	5,709.	5,707.
RICOH PROJECTOR	1,525.	1,525.	0.
2 - VARICHAIRS	390.	260.	130.
HP PROBOOK 455R	742.	742.	0.
HP DOCKING STATION	239.	239.	0.
2 - 24" DELL MONITORS	472.	472.	0.
CONFERENCE ROOM LAPTOP	739.	739.	0.
SONIC WALL NETWORK FIREWALL	880.	880.	0.
UBITQUITI EDGESWITCH	999.	999.	0.
USER UPGRADE TO ZULTYS PHONE			
SYSTEM	932.	357.	575.
HOME WORKSTATION	3,753.	3,753.	0.
MONITOR FOR ASSET 151	710.	426.	284.
LAPTOP K OLDEN	1,704.	1,704.	0.
PC, MONITOR, DOCK - DOFA	1,474.	1,351.	123.
PC, DOCK, KEYBOARD - PROGMGR	1,452.	1,251.	201.
BUF CONF RM AV EQUIP	30,883.	13,382.	17,501.
BUF 2 OUTLETS CONF RM AV EQUIP	880.	191.	689.
SYR CONF RM AV EQUIP	8,995.	3,448.	5,547.
NEW SERVER EQUIP	9,098.	5,813.	3,285.
COMPUTER DFA	977. 2,722.	624.	353.
DSKTPS - PRES, EXEC ASST	-	1,664. 546.	1,058. 609.
PC COMM CON MGR	1,155.	540.	009.
LAPTPS/DOCKS VP PRGS, SR PRG	5,978.	2 1 5 9	2 0 2 0
OFFCR, 2 SYR PRG OFFCRS FIREWALL UPGRADE BUF/SYR	2,750.	2,158. 457.	3,820. 2,293.
BPP FILING LATERAL	990.	437. 8.	982.
<u></u>	·····		
TOTAL TO FM 990-PF, PART II, LN 14	589,359.	524,020.	65,339.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION RIGHT OF USE ASSET	112,199. 233,824.	79,854. 127,265.	79,854. 127,265.
TO FORM 990-PF, PART II, LINE 15	346,023.	207,119.	207,119.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED COMPENSATION LIABILIT LEASE LIABILITY	Y	112,199. 233,824.	79,854. 127,265.
TOTAL TO FORM 990-PF, PART II,	LINE 22	346,023.	207,119.

HEALTH FOUNDATION FOR WESTERN & CENTRAL

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS STATEMENT 13 TRUSTEES AND FOUNDATION MANAGERS EMPLOYEE

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
LEANNE FISCOE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	CHAIR 4.00	0.	0.	0.
CARRIE WHITWOOD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	VICE CHAIR 4.00	0.	0.	0.
CARRIE FRANK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASUER 4.00	0.	0.	0.
MARYBETH K. MCCALL, M.D. 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
NORA OBRIEN-SURIC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	255,181.	32,342.	0.
DIANE OYLER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	EXECUTIVE VICE 40.00		26,933.	0.
RICHARD BATTAGLIA, M.D., FACP 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CHIMA CHIONUMA, M.D., FAAP, CHCQM 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
TRICIA PETER CLARK 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
JASON DANIELS 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.

HEALTH FOUNDATION FOR WESTERN & CI	ENTRAL		22-38	304398
CATHERINE A. DIVINEY 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202		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	1100122	0.	0.	0.
LINDA GABOR 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	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.
BRENDA MCDUFFIE 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
SUCHARITA PAUL, M.D., MPH 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.
ANN SEDORE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
KEVIN WATKINS 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.

HEALTH FOUNDATION FOR WESTERN & CENTRAL	22-3804398
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII	420,356. 59,275. 0.

FORM 990-PF	SUMMARY OF	DIRECT	CHARITABLE ACTIVITIES	STATEMENT 14
10101 990 11	boimmit of	DINCOL	CIMMETINDED NOTIVITED	

ACTIVITY ONE

DOULA PARTNERSHIP OF CAYUGA, CORTLAND, HERKIMER AND MADISON COUNTIES SUPPORTS THE DEVELOPMENT OF THE DOULA PARTNERSHIP OF CAYUGA, CORTLAND, HERKIMER AND MADISON COUNTIES TO IMPROVE MATERNAL HEALTH OUTCOMES BY CONNECTING MEDICAID ELIGIBLE PREGNANT AND BIRTHING PEOPLE WITH TRAINED DOULAS IN EACH OF THOSE COUNTIES.

EXPENSES

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

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

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

ACTIVITY TWO

PEDALS TRANSITION TO HUB - IMPLEMENTS THE PEDALS PROGRAM IN ONONDAGA COUNTY AND PROVIDES TECHNICAL SUPPORT IN ESTABLISHING A COORDINATING HUB FOR THE PEDALS PROGRAM FOR LOCAL IMPLEMENTATION.

EXPENSES

282,567.

260,000.

2023.05000 HEALTH FOUNDATION FOR WES W0058501

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATE

ACTIVITY THREE

FORM 990-PF

FELLOWS COHORT 10 - HEALTH LEADERSHIP - 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.

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

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

ACTIVITY FOUR	
CO-CREATING WELL BEING - 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	

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

47

AND UPTAKE OF TRAUMA INFORMED SERVICES THAT FOCUS OF RESILIENCE AND WELLBEING FOR CHILDREN, FAMILIES AND PROVIDERS.

EXPENSES

287,304.

EXPENSES

STATEMENT 17

258,846.

22-3804398

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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.HFWCNY.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.HFWCNY.ORG FOR ADDITIONAL INFORMATION)

FORM 990-PF PAGE 1

FORM 99	00-PF PAGE 1							990-P	F						
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.		٥.	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.		٥.	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.

328111 04-01-23

(D) - Asset disposed

FORM 990-PF PAGE 1

FORM 99	0-PF PAGE 1							990-PI	7						
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.		٥.	4,903.
93	BUFFALO OFFICE EXPANSION 2014	07/15/14	SL	.000		16	82,478.				82,478.	78,354.		0.	78,354.
94	BUFFALO OFFICE FURNITURE	08/01/14	SL	.000		16	23,721.				23,721.	22,337.		0.	22,337.
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.	9,167.		0.	9,167.
109	LCO BUFFALO OFFICE PAINTING	01/01/16	SL	.000		16	1,260.				1,260.	1,260.		٥.	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.

328111 04-01-23

(D) - Asset disposed

FORM 990-PF PAGE 1

FORM 99	00-PF PAGE 1							990-P	F						
Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	NETWORK SWITCH'S FOR ZULTYS														
113	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.	17,897.		0.	17,897.
	HP PROBOOK 450 G3 15.6"						_ ,				,	/ · · · ·			_ ,
115	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.
11,		00,11,10	51			10	1,000.				1,000.	1,005.		••	1,000.
118	FIVE DRAWER FILE CABINET	10/14/16	SL	.000		16	1,053.				1,053.	1,053.		٥.	1,053.
	DELL OPTIPLEX 3040 DESKTOP														
119	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	ст	.000		16	1,801.				1 901	1,801.		0.	1,801.
120	FURNITURE FOR PRESIDENTS	02/20/1/	Ц	.000		10	1,001.				1,801.	1,001.		υ.	1,001.
121	OFFICE	05/01/17	SL	.000		16	10,408.				10,408.	6,939.		0.	6,939.
122	4 - VARICHAIRS	10/01/17	SL	.000		16	762.				762.	681.		0.	681.
100		10/01/15				1.0	F 166				5 466	4 (10			4 610
123	8 - VARIDESKS	10/01/17	SL	.000		16	5,166.				5,166.	4,612.		0.	4,612.
124	RICOH COLOR COPIER	02/01/18	SL	.000		16	8,905.				8,905.	5,269.		0.	5,269.
	SMALL TRAVEL LAPTOP -						,				,	,			,
125	PRESIDENT	02/26/18	SL	.000		16	1,680.				1,680.	1,680.		٥.	1,680.
	BROTHER PRINTER - PRESIDENTS														
126	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.
	5-DELL LAPTOPS PROGRAM	02,20,20	~=			-•	1,1901				-,	1,1001			-,
128	TEAM	02/26/18	SL	.000		16	6,795.				6,795.	6,795.		٥.	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.

328111 04-01-23

(D) - Asset disposed

FORM 990-PF PAGE 1

FORM 99	0-PF PAGE 1							990-P	F						
Asset No.	Description	Date Acquired	Method	Life	C o n v	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.	4,300.		٥.	4,300.
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.		٥.	295.
140	RICOH COPY MACHINE	01/24/19	SL	.000		16	5,936.				5,936.	2,968.		0.	2,968.
141	SYRACUSE OFFICE FURNITURE - 2019	01/09/19	SL	.000		16	11,416.				11,416.	5,709.		0.	5,709.
142	RICOH PROJECTOR	04/12/19	SL	.000		16	1,525.				1,525.	1,525.		0.	1,525.
143	2 - VARICHAIRS	05/01/19	SL	.000		16	390.				390.	260.		0.	260.
144	HP PROBOOK 455R	08/16/19	SL	.000		16	742.				742.	742.		0.	742.
145	HP DOCKING STATION	08/16/19	SL	.000		16	239.				239.	239.		0.	239.
146	2 - 24" DELL MONITORS	08/16/19	SL	.000		16	472.				472.	472.		0.	472.
147	CONFERENCE ROOM LAPTOP	09/15/19	SL	.000		16	739.				739.	739.		٥.	739.
148	SONIC WALL NETWORK FIREWALL	12/31/19	SL	.000		16	880.				880.	880.		٥.	880.

(D) - Asset disposed

FORM 990-PF PAGE 1

FORM 99	00-PF PAGE 1							990-P	F	-	-				
Asset No.	Description	Date Acquired	Method	Life	C o n v	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	~	02/13/20	SL	.000		16	999.				999.	999.		0.	999.
150	USER UPGRADE TO ZULTYS PHONE SYSTEM	03/23/20	SL	.000		16	932.				932.	357.		0.	357.
151	HOME WORKSTATION	07/30/20	SL	.000		16	3,753.				3,753.	3,753.		0.	3,753.
152	MONITOR FOR ASSET 151	07/30/20	SL	.000		16	710.				710.	426.		0.	426.
153	LAPTOP K OLDEN	07/30/20	SL	.000		16	1,704.				1,704.	1,704.		0.	1,704.
154	PC, MONITOR, DOCK - DOFA	04/01/21	SL	.000		16	1,474.				1,474.	1,351.		0.	1,351.
155	PC, DOCK, KEYBOARD - PROGMGR	06/01/21	SL	.000		16	1,452.				1,452.	1,251.		٥.	1,251.
156	BUF CONF RM AV EQUIP BUF 2 OUTLETS CONF RM AV	11/01/21	SL	.000		16	30,883.				30,883.	13,382.		0.	13,382.
157		11/01/21	SL	.000		16	880.				880.	191.		0.	191.
158	SYR CONF RM AV EQUIP	02/01/22	SL	.000		16	8,995.				8,995.	3,448.		0.	3,448.
159	NEW SERVER EQUIP	02/01/22	SL	.000		16	9,098.				9,098.	5,813.		0.	5,813.
160	COMPUTER DFA	02/01/22	SL	.000		16	977.				977.	624.		0.	624.
161	DSKTPS - PRES, EXEC ASST	03/01/22	SL	.000		16	2,722.				2,722.	1,664.		0.	1,664.
162	PC COMM CON MGR	08/01/22	SL	.000		16	1,155.				1,155.	546.		0.	546.
163	LAPTPS/DOCKS VP PRGS, SR PRG OFFCR, 2 SYR PRG OFFCRS	12/01/22	SL	.000		16	5,978.				5,978.	2,158.		0.	2,158.
164	FIREWALL UPGRADE BUF/SYR	07/01/23	SL	.000		16	2,750.				2,750.	457.		0.	457.
165	BPP FILING LATERAL	12/01/23	SL	.000		16	990.				990.	8.		0.	8.
	* TOTAL 990-PF PG 1 DEPR						589,359.				589,359.	524,020.		0.	524,020.

(D) - Asset disposed

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ORM 990-PF PAGE 1 990-PF															
Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						585,619.			0.	585,619.	523,555.			523,555.
	ACQUISITIONS						3,740.			0.	3,740.	465.			465.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						589,359.			0.	589,359.	524,020.			524,020.
	ENDING ACCUM DEPR											524,020.			
	ENDING BOOK VALUE											65,339.			

(D) - Asset disposed