

**Return of Private Foundation**

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

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

For calendar year 2018 or tax year beginning , and ending

Name of foundation <b>HEALTH FOUNDATION FOR WESTERN &amp;</b>		<b>A Employer identification number</b> 22-3804398
Number and street (or P.O. box number if mail is not delivered to street address) <b>726 EXCHANGE STREET</b>	Room/suite 518	<b>B Telephone number</b> (716) 852-3030
City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14210-1485</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>114,700,729.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	2,000,000.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	1,616,269.	2,473,230.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	5,282,434.			STATEMENT 1
	<b>b</b> Gross sales price for all assets on line 6a .....	22,061,208.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		8,880,711.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	10,552.	36,177.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	8,909,255.	11,390,118.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	382,080.	0.		382,080.
	<b>14</b> Other employee salaries and wages .....	658,515.	0.		658,515.
	<b>15</b> Pension plans, employee benefits .....	158,987.	0.		158,987.
	<b>16a</b> Legal fees ..... <b>STMT 4</b>	5,292.	0.		5,292.
	<b>b</b> Accounting fees ..... <b>STMT 5</b>	22,300.	5,575.		16,725.
	<b>c</b> Other professional fees ..... <b>STMT 6</b>	1,651,887.	841,745.		810,142.
	<b>17</b> Interest .....				
	<b>18</b> Taxes ..... <b>STMT 7</b>	201,625.	78,343.		0.
	<b>19</b> Depreciation and depletion .....	49,027.	0.		
	<b>20</b> Occupancy .....	120,261.	0.		120,261.
	<b>21</b> Travel, conferences, and meetings .....	302,493.	0.		302,493.
	<b>22</b> Printing and publications .....	11,845.	0.		11,845.
	<b>23</b> Other expenses ..... <b>STMT 8</b>	338,258.	111,141.		338,258.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	3,902,570.	1,036,804.		2,804,598.
	<b>25</b> Contributions, gifts, grants paid .....	3,129,048.			3,129,048.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	7,031,618.	1,036,804.		5,933,646.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	1,877,637.				
<b>b Net investment income</b> (if negative, enter -0-) .....		10,353,314.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	154,961.	264,573.	264,573.
	2 Savings and temporary cash investments	3,257,099.	810,869.	810,869.
	3 Accounts receivable			
	Less: allowance for doubtful accounts	5,146.		
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 9 21,195,037.	18,963,181.	18,963,181.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 10 102,611,087.	94,095,809.	94,095,809.	
14 Land, buildings, and equipment: basis	491,567.			
Less: accumulated depreciation	327,405.	180,204.	164,162.	
15 Other assets (describe)	500,603.	402,135.	402,135.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	127,904,137.	114,700,729.	114,700,729.	
Liabilities	17 Accounts payable and accrued expenses	47,000.	111,000.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe DEFERRED COMPENSAT)	273,920.	241,575.	
23 Total liabilities (add lines 17 through 22)	320,920.	352,575.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			<input checked="" type="checkbox"/>
	24 Unrestricted	127,583,217.	112,557,432.	
	25 Temporarily restricted			
	26 Permanently restricted		1,790,722.	
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			<input type="checkbox"/>
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	127,583,217.	114,348,154.		
31 Total liabilities and net assets/fund balances	127,904,137.	114,700,729.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	127,583,217.
2 Enter amount from Part I, line 27a	2	1,877,637.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	129,460,854.
5 Decreases not included in line 2 (itemize) UNREALIZED LOSSES ON INVESTMENTS	5	15,112,700.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	114,348,154.

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

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 8,575,793.		7,201,182.	1,374,611.
b 13,272,236.		10,717,663.	2,554,573.
c		<4,738,348.>	4,738,348.
d 213,179.			213,179.
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			1,374,611.
b			2,554,573.
c			4,738,348.
d			213,179.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	8,880,711.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	}	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	5,607,986.	119,695,686.	.046852
2016	5,854,361.	109,897,074.	.053271
2015	5,784,080.	115,975,430.	.049873
2014	5,856,177.	120,458,209.	.048616
2013	5,292,642.	115,780,290.	.045713

2 Total of line 1, column (d)	2	.244325
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.048865
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	123,983,224.
5 Multiply line 4 by line 3	5	6,058,440.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	103,533.
7 Add lines 5 and 6	7	6,161,973.
8 Enter qualifying distributions from Part XII, line 4	8	5,966,631.

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

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, add lines 1 and 2, subtitle A tax, tax based on investment income, credits/payments (6a-6d), total credits, penalty, tax due, overpayment, and refunded amount.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, Form 1120-POL filing, tax on political expenditures, IRS reporting, unrelated business income, liquidation, section 508(e) requirements, assets, states reported, and substantial contributors.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and foreign country interests.

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

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

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and excess business holdings.

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

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propoganda, or otherwise attempt to influence legislation (section 4945(e))? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> 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 <span style="float:right">N/A</span>	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance, check here <span style="float:right">▶ <input type="checkbox"/></span>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <span style="float:right">N/A</span> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <span style="float:right">N/A</span>	<b>6b</b>		<b>X</b>
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right">N/A</span>	<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <span style="float:right"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>			

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		355,698.	26,382.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DIANE OYLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	VICE PRESIDENT OF PROGRAM 40.00	107,350.	14,987.	0.
MONICA BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	92,671.	15,602.	0.
MARNIE ANNESE - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	PROGRAM OFFICER 40.00	75,836.	1,655.	0.
CORALIE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	GRANTS MANAGER 40.00	60,641.	3,990.	0.
STEVEN COPPS - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	OFFICE/EVENTS MANAGER 40.00	51,571.	13,050.	0.
<b>Total</b> number of other employees paid over \$50,000 <span style="float:right">▶</span>				0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NANCY BLASCHAK 8822 VIOLET PARKWAY, EDEN, NY 14057	PROGRAM IMPLEMENTATION ADVIS	60,000.

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

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 15	517,803.
2 SEE STATEMENT 16	163,359.
3 SEE STATEMENT 17	102,270.
4 SEE STATEMENT 18	127,079.

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

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

Total. Add lines 1 through 3 ..... 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	125,473,027.
b	Average of monthly cash balances .....	1b	398,266.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	125,871,293.
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	125,871,293.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	1,888,069.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	123,983,224.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	6,199,161.

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

1	Minimum investment return from Part X, line 6 .....	1	6,199,161.
2a	Tax on investment income for 2018 from Part VI, line 5 .....	2a	207,066.
b	Income tax for 2018. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	207,066.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	5,992,095.
4	Recoveries of amounts treated as qualifying distributions .....	4	73,655.
5	Add lines 3 and 4 .....	5	6,065,750.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	6,065,750.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	5,933,646.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	32,985.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	5,966,631.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	5,966,631.

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



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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				6,065,750.
<b>2</b> Undistributed income, if any, as of the end of 2018:				
<b>a</b> Enter amount for 2017 only			5,756,371.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2018:				
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
<b>d</b> From 2016				
<b>e</b> From 2017				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 5,966,631.				
<b>a</b> Applied to 2017, but not more than line 2a			5,756,371.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2018 distributable amount				210,260.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				5,855,490.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2014				
<b>b</b> Excess from 2015				
<b>c</b> Excess from 2016				
<b>d</b> Excess from 2017				
<b>e</b> Excess from 2018				

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2018	(b) 2017	Prior 3 years		
			(c) 2016	(d) 2015	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

**SEE STATEMENT 19**

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

**c** Any submission deadlines:

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

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

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SEE ATTACHMENT - TAB D				3,129,048.
<b>Total</b> .....			<b>▶ 3a</b>	3,129,048.
<b>b Approved for future payment</b>				
SEE ATTACHMENT - TAB E				2,157,786.
<b>Total</b> .....			<b>▶ 3b</b>	2,157,786.



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

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

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

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

b If "Yes," complete the following schedule.

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

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

**VP OF FINANCE AND OPERATIONS**

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

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

Paid Preparer Use Only	Print/Type preparer's name <b>MICHAEL J. GRIMALDI, CPA</b>	Preparer's signature <i>Michael J. Grimaldi</i>	Date <b>11/15/19</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01295846</b>
	Firm's name ▶ <b>LUMSDEN &amp; MCCORMICK, LLP</b>			Firm's EIN ▶ <b>16-0765486</b>	
	Firm's address ▶ <b>369 FRANKLIN STREET BUFFALO, NY 14202</b>			Phone no. <b>(716) 856-3300</b>	

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

HEALTH FOUNDATION FOR WESTERN &

Employer identification number

22-3804398

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>HEALTH FOUNDATION FOR WESTERN &amp;</b>	Employer identification number  <b>22-3804398</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>RALPH C. WILSON, JR FOUNDATION</b>  3101 EAST GRAND BLVD, SUITE 200  DETROIT, MI 48202	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>HEALTH FOUNDATION FOR WESTERN &amp;</b>	Employer identification number  <b>22-3804398</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization <b>HEALTH FOUNDATION FOR WESTERN &amp;</b>	Employer identification number <b>22-3804398</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Name **HEALTH FOUNDATION FOR WESTERN &** 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.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	207,066.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	207,066.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	161,785.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	161,785.

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

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

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

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)	
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/18	06/15/18	09/15/18	12/15/18
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	4,034.	4,324.	44,677.	41,883.
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			10,000.	
<b>Complete lines 12 through 18 of one column before going to the next column.</b>						
12	Enter amount, if any, from line 18 of the preceding column .....	12				
13	Add lines 11 and 12 .....	13			10,000.	
14	Add amounts on lines 16 and 17 of the preceding column .....	14		4,034.	8,358.	43,035.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0.	0.	1,642.	0.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		4,034.	0.	
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	4,034.	4,324.	43,035.	41,883.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2018 and before 10/1/2018 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>2,728.</b>

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

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

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

Part I Adjusted Seasonal Installment Method

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

Table with 5 columns: (a) First 3 months, (b) First 5 months, (c) First 8 months, (d) First 11 months. Rows include taxable income for various periods (1a-1c), calculations for each period (2, 3a-3c, 4, 5, 6), and final tax calculations (7-19).

**Part II Annualized Income Installment Method**

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	134,469.	208,934.	1,767,821.	3,559,426.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22	806,814.	835,736.	3,535,642.	4,745,889.
23b	Extraordinary items (see instructions)				
23c	Add lines 23a and 23b	806,814.	835,736.	3,535,642.	4,745,889.
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return	16,136.	16,715.	70,713.	94,918.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period. See instr.				
27	Total tax. Add lines 24 through 26	16,136.	16,715.	70,713.	94,918.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	16,136.	16,715.	70,713.	94,918.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	4,034.	8,358.	53,035.	94,918.

**Part III Required Installments**

		1st installment	2nd installment	3rd installment	4th installment
		<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.			
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31	4,034.	8,358.	53,035.	94,918.
33	Add the amounts in all preceding columns of line 38. See instructions		4,034.	8,358.	53,035.
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0-	4,034.	4,324.	44,677.	41,883.
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter	40,446.	63,087.	51,767.	51,766.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		36,412.	95,175.	102,265.
37	Add lines 35 and 36	40,446.	99,499.	146,942.	154,031.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	4,034.	4,324.	44,677.	41,883.

Form 2220 (2018)

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

**FORM 990-PF  
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) HEALTH FOUNDATION FOR WESTERN &					Identifying Number 22-3804398
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/18	4,034.	4,034.	31	.000136986	17.
06/15/18	4,324.	8,358.	92	.000136986	105.
09/15/18	44,677.	53,035.			
09/15/18	<10,000.>	43,035.	91	.000136986	536.
12/15/18	41,883.	84,918.	16	.000136986	186.
12/31/18	0.	84,918.	135	.000164384	1,884.

Penalty Due (Sum of Column F): .....	<b>2,728.</b>
--------------------------------------	---------------

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

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED INVESTMENTS					
			PURCHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
8,575,793.	7,201,182.	0.	0.	1,374,611.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
NONPUBLICLY TRADED INVESTMENTS					
			PURCHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
13,272,236.	10,717,663.	0.	0.	2,554,573.	

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PASSED THROUGH K-1S					
			PURCHASED	VARIOUS	VARIOUS
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
0.	<1,140,071.>	0.	0.	1,140,071.	

CAPITAL GAINS DIVIDENDS FROM PART IV

213,179.

TOTAL TO FORM 990-PF, PART I, LINE 6A

5,282,434.

## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NONPUBLICLY TRADED INVESTMENTS	871,986.	0.	871,986.	1,728,947.	
PUBLICLY TRADED INVESTMENTS	213,179.	213,179.	0.	0.	
PUBLICLY TRADED INVESTMENTS	744,283.	0.	744,283.	744,283.	
TO PART I, LINE 4	1,829,448.	213,179.	1,616,269.	2,473,230.	

## FORM 990-PF

## OTHER INCOME

## STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - PRI PASSED THROUGH K-1S	6,880.	6,880.	
RETURNED GRANT FUNDS	0.	29,297.	
OTHER INCOME	2,386.	0.	
	1,286.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	10,552.	36,177.	

## FORM 990-PF

## LEGAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	5,292.	0.		5,292.
TO FM 990-PF, PG 1, LN 16A	5,292.	0.		5,292.



## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	22,300.	5,575.		16,725.
TO FORM 990-PF, PG 1, LN 16B	22,300.	5,575.		16,725.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	841,745.	841,745.		0.
EVALUATION CONSULTANTS	382,948.	0.		382,948.
PROGRAM CONSULTANTS	427,194.	0.		427,194.
TO FORM 990-PF, PG 1, LN 16C	1,651,887.	841,745.		810,142.

## FORM 990-PF

## TAXES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES PASSED THROUGH K-1	201,625. 0.	0. 78,343.		0. 0.
TO FORM 990-PF, PG 1, LN 18	201,625.	78,343.		0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TELEPHONE/ELECTRONIC COMMUNICATION	92,724.	0.		92,724.
OFFICE EXPENSE	142,051.	0.		142,051.
INSURANCE	4,032.	0.		4,032.
SPONSORED EVENTS	44,343.	0.		44,343.
MAINTENANCE EXPENSE	33,378.	0.		33,378.
MISCELLANEOUS EXPENSE	8,387.	0.		8,387.
NYS FILING FEES	1,500.	0.		1,500.
MEMBERSHIP DUES	11,843.	0.		11,843.
PASSED THROUGH K-1	0.	111,141.		0.
TO FORM 990-PF, PG 1, LN 23	338,258.	111,141.		338,258.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK-SEE TAB A	18,963,181.	18,963,181.
TOTAL TO FORM 990-PF, PART II, LINE 10B	18,963,181.	18,963,181.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIPS AND COMMON TRUST FUNDS -SEE TAB A	FMV	78,793,167.	78,793,167.
FIXED INCOME-SEE TAB A	FMV	15,302,642.	15,302,642.
TOTAL TO FORM 990-PF, PART II, LINE 13		94,095,809.	94,095,809.

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION PROGRAM RELATED INVESTMENT	273,920.	241,575.	241,575.
	226,683.	160,560.	160,560.
TO FORM 990-PF, PART II, LINE 15	500,603.	402,135.	402,135.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED COMPENSATION LIABILITY	273,920.	241,575.	
TOTAL TO FORM 990-PF, PART II, LINE 22	273,920.	241,575.	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 13
-------------	---	--------------

NAME OF CONTRIBUTOR	ADDRESS
RALPH C. WILSON, JR. FOUNDATION	3101 EAST GRAND BLVD SUITE 200 DETROIT, MI 48202

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LEOLA RODGERS, MPH 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	CHAIR 4.00	0.	0.	0.
CHERYL SMITH FISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE CHAIR 4.00	0.	0.	0.
ANN ZIEGLER SEDORE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
VINCENT J. MANCUSO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 4.00	0.	0.	0.
LISA D. ALFORD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
RICHARD BATTAGLIA 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JOSEPH J. COZZO, MA, MS, LMHC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
KEITH CUTTLER 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
RAY R. D'AGOSTINO 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
ANDREW DORN 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.

HEALTH FOUNDATION FOR WESTERN &

22-3804398

DENISE DUNFORD, DNS, FNP, RN 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
LEANNE F. FISCOE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
CARRIE B. FRANK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ARTHUR R. GOSHIN, MD, MPH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JOANNE E. HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MARYBETH K. MCCALL, M.D. 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
DAVID A. MILLING, MD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
COLLEEN O'LEARY 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
MICHAEL D. SHAFFER, CPA 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
CARRIE WHITWOOD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
NORA OBRIEN-SURIC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	230,712.	10,807.	0.
CAROL QUARANTILLO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT OF FINANCE & OPS 40.00	124,986.	15,575.	0.

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

355,698.

26,382.

0.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

## ACTIVITY ONE

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

## EXPENSES

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

517,803.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

## ACTIVITY TWO

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

## EXPENSES

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

163,359.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY THREE

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

EXPENSES

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

102,270.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

ACTIVITY FOUR

CO-CREATING WELL BEING: SUPPORTING CHILDREN AND FAMILIES THROUGH TRAUMA - A MULTI-YEAR THREE PHASED INITIATIVE FOCUSED ON ADDRESSING TRAUMA, TOXIC STRESS, ADVERSE CHILDHOOD EXPERIENCES AND ITS IMPACT ON CHILDREN AND FAMILIES WITHIN THE AREAS OF CHILDBEARING, OVERALL HEALTH AND WELL-BEING, EARLY CHILDHOOD DEVELOPMENT AND SCHOOL-READINESS.

EXPENSES

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

127,079.

---

FORM 990-PF

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

STATEMENT 19

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

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

TELEPHONE NUMBER

---

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

---

NO SET FORM

ANY SUBMISSION DEADLINES

---

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

---

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



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

## 2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> Check box if address changed		Name of organization ( Check box if name changed and see instructions.) <b>HEALTH FOUNDATION FOR WESTERN &amp;</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>22-3804398</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) 408(e) 220(e) 408A 530(a) 529(a)	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>726 EXCHANGE STREET, NO. 518</b>	<b>E</b> Unrelated business activity code (See instructions.) <b>523000</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14210-1485</b>	

<b>C</b> Book value of all assets at end of year <b>114,700,729.</b>	<b>F</b> Group exemption number (See instructions.) ▶	<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation	501(c) trust	401(a) trust	Other trust
---	---	---	--------------	--------------	-------------

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 20**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶ Yes  No

If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **CAROL L. QUARANTILLO** Telephone number ▶ **716-852-3030**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> <27,094.>		<27,094.>
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> <27,094.>		<27,094.>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	250.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	250.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<27,344.>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	<27,344.>

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	<27,344.>
34	Amounts paid for disallowed fringes	34	5,435.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 21</b>	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	<21,909.>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	<21,909.>

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	5,000.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	5,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	5,000.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 5,000.   <b>Refunded</b>	55	0.

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year		

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **VP OF FINANCE AND OPERATIONS**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **MICHAEL J. GRIMALDI, CPA** Preparer's signature: *Michael J. Grimaldi* Date: **11/15/19** Check if self-employed:  PTIN: **P01295846**

Firm's name: **LUMSDEN & MCCORMICK, LLP** Firm's EIN: **16-0765486**

Firm's address: **369 FRANKLIN STREET, BUFFALO, NY 14202** Phone no.: **(716) 856-3300**