

**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 **2022** or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL NEW YORK</b>		<b>A Employer identification number</b> <b>22-3804398</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>726 EXCHANGE ST.</b>	Room/suite <b>518</b>	<b>B Telephone number</b> <b>716-852-3030</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14210</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>140,375,083.</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 .....	9,001,028.		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 .....	900,680.	900,680.		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 .....	2,637,527.			STATEMENT 1
	<b>b</b> Gross sales price for all assets on line 6a .....	18,234,154.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		11,638,555.		
	<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 .....	1,356,836.	5,750,597.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	13,896,071.	18,289,832.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	354,216.	0.		354,216.
	<b>14</b> Other employee salaries and wages .....	882,475.	0.		882,475.
	<b>15</b> Pension plans, employee benefits .....	271,220.	0.		271,220.
	<b>16a</b> Legal fees ..... <b>STMT 4</b>	12,330.	0.		12,330.
	<b>b</b> Accounting fees ..... <b>STMT 5</b>	26,300.	6,575.		19,725.
	<b>c</b> Other professional fees ..... <b>STMT 6</b>	1,651,745.	1,142,478.		509,267.
	<b>17</b> Interest .....				
	<b>18</b> Taxes ..... <b>STMT 7</b>	125,521.	104,041.		1,500.
	<b>19</b> Depreciation and depletion .....	36,066.	0.		
	<b>20</b> Occupancy .....	110,844.	0.		110,844.
	<b>21</b> Travel, conferences, and meetings .....	194,713.	0.		194,713.
	<b>22</b> Printing and publications .....	2,993.	0.		2,993.
	<b>23</b> Other expenses ..... <b>STMT 8</b>	246,401.	350,433.		246,401.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	3,914,824.	1,603,527.		2,605,684.
	<b>25</b> Contributions, gifts, grants paid .....	5,712,513.			4,613,175.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	9,627,337.	1,603,527.		7,218,859.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	4,268,734.				
<b>b Net investment income</b> (if negative, enter -0-) .....		16,686,305.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

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

Form 990-PF (2022)

22-3804398

Page 2

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	210,986.	164,534.	164,534.
	2 Savings and temporary cash investments .....	2,860,610.	5,282,958.	5,282,958.
	3 Accounts receivable .....			
	Less: allowance for doubtful accounts .....			
	4 Pledges receivable .....			
	Less: allowance for doubtful accounts .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable .....			
	Less: allowance for doubtful accounts .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	6,897.	750.	750.
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock <b>STMT 9</b> .....	33,770,292.	26,420,952.	26,420,952.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 10</b> .....	116,037,102.	108,060,636.	108,060,636.	
14 Land, buildings, and equipment: basis <b>586,090.</b> .....				
Less: accumulated depreciation <b>STMT 11 486,860.</b> .....	106,371.	99,230.	99,230.	
15 Other assets (describe <b>STATEMENT 12</b> ) .....	163,424.	346,023.	346,023.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	153,155,682.	140,375,083.	140,375,083.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	2,855,259.	3,938,755.	
	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 <b>STATEMENT 13</b> ) .....	144,543.	346,023.	
	23 <b>Total liabilities</b> (add lines 17 through 22) .....	2,999,802.	4,284,778.	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	147,861,093.	134,125,890.	
	25 Net assets with donor restrictions .....	2,294,787.	1,964,415.	
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28 Retained earnings, accumulated income, endowment, or other funds .....			
	29 <b>Total net assets or fund balances</b> .....	150,155,880.	136,090,305.	
30 <b>Total liabilities and net assets/fund balances</b> .....	153,155,682.	140,375,083.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	150,155,880.
2 Enter amount from Part I, line 27a .....	2	4,268,734.
3 Other increases not included in line 2 (itemize) .....	3	0.
4 Add lines 1, 2, and 3 .....	4	154,424,614.
5 Decreases not included in line 2 (itemize) <b>UNREALIZED LOSS ON INVESTMENTS</b> .....	5	18,334,309.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	136,090,305.

Form 990-PF (2022)

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

Form 990-PF (2022)

22-3804398 Page 3

**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.)
<b>1a NONPUBLICLY TRADED INVESTMENTS</b>	P		
<b>b PUBLICLY TRADED</b>	D		
<b>c PUBLICLY TRADED</b>	P		
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
<b>a</b> 6,750,000.		5,710,502.	1,039,498.
<b>b</b> 10,026,629.			10,026,629.
<b>c</b> 1,457,525.		885,097.	572,428.
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			1,039,498.
<b>b</b>			10,026,629.
<b>c</b>			572,428.
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....</span>	2	11,638,555.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	N/A

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

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	231,940.
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	2	0.
<b>3</b> Add lines 1 and 2 .....	3	231,940.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	4	0.
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....	5	231,940.
<b>6</b> Credits/Payments:		
<b>a</b> 2022 estimated tax payments and 2021 overpayment credited to 2022 .....	6a	36,000.
<b>b</b> Exempt foreign organizations - tax withheld at source .....	6b	0.
<b>c</b> Tax paid with application for extension of time to file (Form 8868) .....	6c	154,000.
<b>d</b> Backup withholding erroneously withheld .....	6d	0.
<b>7</b> Total credits and payments. Add lines 6a through 6d .....	7	190,000.
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached .....	8	37.
<b>9</b> Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed .....	9	41,977.
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....	10	
<b>11</b> Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded	11	

Form 990-PF (2022)

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

Form 990-PF (2022)

22-3804398

Page 4

**Part VI-A Statements Regarding Activities**

		Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year? .....	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	4a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year? .....	4b	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>NY</u>			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? 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 ..... <u>STMT 14</u>	10	X	
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	13	X	
Website address <u>WWW.HFVCNY.ORG</u>			
14 The books are in care of <u>NORA OBRIEN-SURIC</u> Telephone no. <u>716-852-3030</u> Located at <u>726 EXCHANGE ST., SUITE 518, BUFFALO, NY</u> ZIP+4 <u>14210-1485</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....   15   <u>N/A</u>			
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			

Form 990-PF (2022)

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

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

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	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>b</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
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? .....	4b	X

Form 990-PF (2022)

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 15		315,040.	39,176.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DIANE OYLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	VICE PRESIDENT OF PROGRAMS 40.00	161,886.	24,934.	0.
KERRY JONES WARING - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	VICE PRESIDENT FOR COMMUNICATIONS 40.00	109,580.	21,795.	0.
KENNETH GENEWICK - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	SENIOR PROGRAM OFFICER CAREGIVING 40.00	105,883.	21,574.	0.
MARNIE ANNESE - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	PROGRAM OFFICER 40.00	97,352.	6,662.	0.
CORALIE RAE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	GRANTS OFFICER 40.00	77,438.	24,643.	0.
<b>Total</b> number of other employees paid over \$50,000				5

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CANANDAIGUA HOTEL HOLDINGS LLC DBA 770 S. MAIN STREET, CANANDAIGUA, NY 14424	SPACE RENTAL	77,035.
NANCY BLASCHAK 8822 VIOLET PARKWAY, EDEN, NY 14057	CONSULTING SERVICES	60,000.
<b>Total</b> number of others receiving over \$50,000 for professional services .....		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 16	441,783.
2 SEE STATEMENT 17	415,949.
3 SEE STATEMENT 18	336,506.
4 SEE STATEMENT 19	298,995.

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

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

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	134,319,415.
b	Average of monthly cash balances .....	1b	2,575,364.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	136,894,779.
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	136,894,779.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	2,053,422.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	134,841,357.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	6,742,068.

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

1	Minimum investment return from Part IX, line 6 .....	1	6,742,068.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	231,940.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	231,940.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	6,510,128.
4	Recoveries of amounts treated as qualifying distributions .....	4	25,587.
5	Add lines 3 and 4 .....	5	6,535,715.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	6,535,715.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	7,218,859.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	28,925.
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	7,247,784.

Form 990-PF (2022)



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

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				6,535,715.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....			6,780,274.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....				
<b>b</b> From 2018 .....				
<b>c</b> From 2019 .....				
<b>d</b> From 2020 .....				
<b>e</b> From 2021 .....				
<b>f</b> Total of lines 3a through e .....	0.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ <b>7,247,784.</b>				
<b>a</b> Applied to 2021, but not more than line 2a ...			6,780,274.	
<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 2022 distributable amount .....				467,510.
<b>e</b> Remaining amount distributed out of corpus .....	0.			
<b>5</b> Excess distributions carryover applied to 2022 (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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				6,068,205.
<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 2017 not applied on line 5 or line 7 .....	0.			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...				
<b>b</b> Excess from 2019 ...				
<b>c</b> Excess from 2020 ...				
<b>d</b> Excess from 2021 ...				
<b>e</b> Excess from 2022 ...				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, line 4, for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

**SEE STATEMENT 20**

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:







HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ABC CAYUGA, INC. 100 NORTH ST. SUITE 2 AUBURN, NY 13021		501C3	ABC CAYUGA PLAYSPLACE EXPANDED SERVICES	30,000.
ALLEGANY REHABILITATION ASSOCIATES, INC. DBA CLARITY 4222 BOLIVAR ROAD WELLSVILLE, NY 13215		501C3	BUILDING CAPACITY FOR FINANCIAL MANAGEMENT - CLARITY WELLNESS	27,000.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	CO-CREATING WELL BEING	14,732.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	SOUTHERN TIER CHILD ADVOCACY CENTER EMERGENCY FUNDING	100,000.
BELMONT HOUSING RESOURCES FOR WNY, INC. 1195 MAIN ST. BUFFALO, NY 14209		501C3	CO-CREATING WELL BEING	25,000.
BEST SELF BEHAVIORAL HEALTH 255 DELAWARE AVE, SUITE 300 BUFFALO, NY 14202		501C3	CALL TO ACTION SAFE SLEEP	75,000.
BISON CHILDREN'S SCHOLARSHIP FUND, INC. 284 DELAWARE AVE BUFFALO, NY 14202		501C3	BISON FUND 2022-2026	150,000.
<b>Total from continuation sheets</b>				4,613,175.

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET, 3RD FLOOR BOSTON, MA 02116		501C3	WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION	150,000.
BUFFALO PRENATAL-PERINATAL NETWORK 625 DELAWARE AVENUE, SUITE 412 BUFFALO, NY 14202		501C3	CO-CREATING WELL BEING	14,000.
CATTARAUGUS AND WYOMING PROJECT HEADSTART 101 S. 19TH ST OLEAN, NY 14760		501C3	CO-CREATING WELL BEING	28,500.
CATTARAUGUS COMMUNITY ACTION 25 JEFFERSON ST. SALAMANCA, NY 14779		501C3	CO-CREATING WELL BEING	25,000.
CAYUGA COUNTY COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	DOULA PARTNERSHIP OF CCM/CAYUGA COMMUNITY HEALTH	79,000.
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202		501C3	FULTON BLOCK BUILDERS REPLICATION	7,000.
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. 431 E. FAYETTE ST, SUITE 100 SYRACUSE, NY 13202		501C3	COVID RELIEF FUNDS 2022	50,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHAUTAUQUA CENTER, INC. 319 CENTRAL AVENUE, SUITE B DUNKIRK, NY 14048		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	10,000.
CHAUTAUQUA REGION COMMUNITY FOUNDATION 418 SPRING STREET JAMESTOWN, NY 14701		501C3	BLACKWELL CHAPEL/JAMESTOWN BABY CAFE	10,000.
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13211		501C3	PEDALS CNY - TRANSITION TO HUB	254,425.
CHILD DEVELOPMENT COUNCIL OF CENTRAL NY 609 WEST CLINTON STREET ITHACA, NY 14850		501C3	CO-CREATING WELL BEING	25,000.
CITY MISSION SOCIETY, INC. 100 E. TUPPER BUFFALO, NY 14203		501C3	BUFFALO CITY MISSION - NEXT CENTURY CAMPAIGN	62,500.
COMMUNITY ACTION OF ORLEANS & GENESEE 409 EAST STATE STREET ALBION, NY 14411		501C3	CO-CREATING WELL BEING	25,000.
COMMUNITY ACTION PROGRAM FOR MADISON COUNTY, INC. 3 EAST MAIN STREET, PO BOX 249 MORRISVILLE, NY 13408		501C3	CO-CREATING WELL BEING	18,500.
<b>Total from continuation sheets</b>				



HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY CONNECTIONS OF NY, INC. 217 E. DELAVAN AVE. BUFFALO, NY 14208		501C3	GET READY JAMESTOWN BABY CAFE (DELETED)	36,775.
COMMUNITY CONNECTIONS OF NY, INC. 217 E. DELAVAN AVE. BUFFALO, NY 14208		501C3	PEDALS CNY - TRANSITION TO HUB	161,524.
COMMUNITY CONNECTIONS OF NY, INC. 217 E. DELAVAN AVE. BUFFALO, NY 14208		501C3	TARGETED TECHNICAL ASSISTANCE	12,806.
COMMUNITY FOUNDATION FOR GREATER BUFFALO 726 EXCHANGE STREET, SUITE 525 BUFFALO, NY 14202		501C3	MOVING FORWARD TOGETHER 2022	52,905.
COMMUNITY FOUNDATION FOR GREATER BUFFALO 726 EXCHANGE STREET, SUITE 525 BUFFALO, NY 14202		501C3	BUFFALO TOGETHER COMMUNITY RESPONSE FUND	50,000.
COMMUNITY HEALTH CENTER OF BUFFALO, INC. 34 BENWOOD AVE BUFFALO, NY 14214		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	5,000.
COMMUNITY HEALTH CENTER OF BUFFALO, INC. 34 BENWOOD AVE BUFFALO, NY 14214		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	5,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE, 10TH FLOOR NEW YORK, NY 10017		501C3	REACHING THE 5% OUTREACH AND ENGAGEMENT YEAR 2	250,000.
COMMUNITY SERVICES FOR EVERY1, INC. 180 OAK STREET BUFFALO, NY 14203		501C3	CO-CREATING WELL BEING	14,665.
D'YOUVILLE COLLEGE 320 PORTER AVE BUFFALO, NY 14201		501C3	ACHIEVING CARE PARITY FOR PEOPLE WITH DISABILITIES	31,446.
EASTERN NIAGARA HOSPITAL, INC. 521 EAST AVENUE LOCKPORT, NY 14094		501C3	GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION FEE	2,500.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02451		501C3	COMMUNITY BUILDING IN NIAGARA COUNTY TO ADDRESS ELDER MISTREATMENT	30,000.
ELMCREST CHILDREN'S CENTER 960 SALT SPRINGS ROAD SYRACUSE, NY 13224		501C3	NORTHSIDE EARLY EDUCATION CENTER OUTREACH/ELMCREST	44,000.
ERIE COUNTY MEDICAL CENTER FOUNDATION 462 GRIDER BUFFALO, NY 14215		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	10,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ERIE NIAGARA AREA HEALTH EDUCATION CENTER, INC. 77 GOODELL STREET, SUITE 460 BUFFALO, NY 14203		501C3	ERIE NIAGARA AHEC DOULA TASK FORCE SG	7,000.
ERIE NIAGARA AREA HEALTH EDUCATION CENTER, INC. 77 GOODELL STREET, SUITE 460 BUFFALO, NY 14203		501C3	ERIE NIAGARA AHEC DOULA COORDINATION AND SERVICE	102,000.
FINGER LAKES HEALTH SYSTEMS AGENCY DBA COMMON GROUND HEALTH PO BOX 160 MT. MORRIS, NY 14510		501C3	MY HEALTH STORY 2.0	50,000.
GENESEE COUNCIL ON ALCOHOLISM AND SUBSTANCE ABUSE, INC. 430 E. MAIN STREET BATAVIA, NY 14020		501C3	CO-CREATING WELL BEING	25,000.
GENESEE VALLEY CENTRAL SCHOOL 1 JAGUAR DRIVE BELMONT, NY 14813		GOVERNMENT	REMOTE AREA MEDICAL CLINIC	10,000.
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) 1310 L STREET NW, SUITE 650 WASHINGTON, DC 20005		501C3	GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS	2,090.
GRANTMAKERS IN AGING, INC 333 MAMARONECK ABE #238 WHITE PLAINS, NY 10605		501C3	GIA CHANGING THE CARE CONSERVATION PROJECT	25,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GRANTMAKERS IN AGING, INC 333 MAMARONECK ABE #238 WHITE PLAINS, NY 10605		501C3	GRANTMAKERS IN AGING	4,000.
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE, NW, SUITE 1200 WASHINGTON, DC 20036		501C3	GRANTMAKERS IN HEALTH	9,350.
GRASSROOTS GARDENS 389 BROADWAY STREET BUFFALO, NY 14204		501C3	GRASSROOTS GARDENS	20,000.
HEALTH WORKFORCE COLLABORATIVE PO BOX 152 WARSAW, NY 14569		501C3	HEALTH WORKFORCE COLLABORATIVE	40,000.
HEALTHCARE ASSOCIATION OF NEW YORK STATE ONE EMPIRE DRIVE RENSSELAER, NY 12144		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	43,817.
HEALTHY COMMUNITY ALLIANCE, INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	CALL TO ACTION - COMMUNITY INFORMATION EXCHANGE	50,000.
HEALTHY COMMUNITY ALLIANCE, INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	CHAUTAUQUA STRONG STARTS - GRANT WRITING SUPPORT	10,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEARTS AND HANDS 518 BEWLEY BUILDING LOCKPORT, NY 14094		501C3	CALL TO ACTION - EQUITABLE TRANSPORTATION	50,000.
HOLY CROSS HEAD START, INC. 150 MARYLAND STREET BUFFALO, NY 14201		501C3	CAVITY FREE KIDS - HOLY CROSS HEAD START	3,000.
INCLUSIVE ALLIANCE IPA INC. PO BOX 12167 SYRACUSE, NY 13218		501C3	INCLUSIVE ALLIANCE CAPACITY BUILDING	50,000.
INDEPENDENT HEALTH FOUNDATION, INC. 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221		501C3	GROWING UP STRONG/INDEPENDENT HEALTH FOUNDATION	100,000.
INSTITUTE FOR NONPROFIT PRACTICE INC. 89 SOUTH STREET, SUITE LL02 BOSTON, MA 02111		501C3	INSTITUTE FOR NONPROFIT PRACTICE	50,000.
INTEGRATED COMMUNITY ALTERNATIVES NETWORK 310 MAIN STREET UTICA, NY 13501		501C3	HEALTHY CONNECTIONS FROM THE START/ICAN	10,000.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	CO-CREATING WELL BEING	24,869.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JOHN SNOW, INC. 44 FARNSWORTH ST BOSTON, MA 02210		501C3	SAFETY NET NEEDS ASSESSMENT	10,000.
JOHN SNOW, INC. 44 FARNSWORTH ST BOSTON, MA 02210		501C3	WNY SAFETY NET NEEDS ASSESSMENT 2022 UPDATE	70,000.
LAKESHORE CONNECTIONS 217 EAST DELAVAN BUFFALO, NY 14208		501C3	PEDALS EVALUATION 2022	50,000.
LAKESHORE CONNECTIONS 217 EAST DELAVAN BUFFALO, NY 14208		501C3	HELP ME GROW WNY PUBLIC RELATIONS	19,468.
LEUKEMIA & LYMPHOMA SOCIETY 4043 MAPLE ROAD, SUITE 105 NEW YORK, NY 10087		501C3	LEUKEMIA & LYMPHOMA SOCIETY'S TRAVEL FUND	10,000.
LIFESPAN OF GREATER ROCHESTER, INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	LIFESPAN - COMMUNITY CARE CONNECTIONS	40,000.
LIFESPAN OF GREATER ROCHESTER, INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	NYS CAREGIVING AND RESPITE COALITION AMERICORPS VOLUNTEER RESPITE MODEL	60,000.
<b>Total from continuation sheets</b> .....				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOCAL INITIATIVES SUPPORT CORP. 28 LIBERTY STREET, 34TH FLOOR NEW YORK, NY 10005		501C3	THE SOIL FUND	15,000.
LOVE LIVING AT HOME, INC. 757 WARREN ROAD #4836 ITHACA, NY 14852		501C3	HEALTH AND WELLNESS INITIATIVE	9,800.
LUTHERAN SOCIAL SERVICES OF UPSTATE NEW YORK, INC. 715 FALCONER ST. JAMESTOWN, NY 14701		501C3	PEACE FEASIBILITY ASSESSMENT	10,000.
MERCY HOSPITAL FOUNDATION INC. 565 ABBOTT ROAD BUFFALO, NY 14220		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	10,000.
MERCY HOSPITAL FOUNDATION INC. 565 ABBOTT ROAD BUFFALO, NY 14220		501C3	GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION FEE	2,500.
MID-ERIE MENTAL HEALTH SERVICES DBA ENDEAVOR HEALTH 1526 WALDEN AVENUE, SUITE 400 CHEEKTOWAGA, NY 14225		501C3	ENDEAVOR HEALTH SERVICES	50,000.
NATIONAL COMPASSION FUND 1450 DUKE ST. ALEXANDRIA, VA 22314		501C3	BUFFALO 5/14 SURVIVORS FUND	25,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE AND NIAGARA 1005 GRANT ST. BUFFALO, NY 14207		501C3	NATIVE AMERICAN COMMUNITY SERVICES	25,000.
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10027		501C3	HEALTH AND AGE ACROSS ALL POLICIES EVALUATION	12,500.
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10027		501C3	AGE FRIENDLY - GO LOCAL	441,783.
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10027		501C3	HEALTH AND AGE ACROSS ALL POLICIES EVALUATION	10,000.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET ALBANY, NY 12210		501C3	UNIVERSAL HEALTH CARE 2021	25,000.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET ALBANY, NY 12210		501C3	ADVOCACY 2022	60,000.
NY FUNDERS ALLIANCE THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	CATCHAFIRE	47,250.
<b>Total from continuation sheets</b>				



HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NY FUNDERS ALLIANCE THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	NON-PROFIT SUPPORT GROUP	36,000.
NY FUNDERS ALLIANCE THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	IMPACT HQ BRIDGE FUNDING	19,361.
NY FUNDERS ALLIANCE THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	NEW YORK FUNDERS ALLIANCE MEMBERSHIP	5,500.
NY FUNDERS ALLIANCE INITIATIVES FUND THE CENTRAL NY PHILANTHROPY CENTER, 431 E. FAYETTE ST SYRACUSE, NY 13202		501C3	LIFTOFF	25,000.
ORLEANS COMMUNITY HEALTH FOUNDATION, INC. 200 OHIO STREET MEDINA, NY 14103		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	4,000.
ORLEANS COUNTY CORNELL COOPERATIVE EXTENSION 12690 NYS ROUTE 31 ALBION, NY 14411		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	4,704.
P2 COLLABORATIVE OF WNY DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14223		501C3	ADVANCING DEI IN THE FELLOWS ACTION NETWORK	10,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
P2 COLLABORATIVE OF WNY DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14223		501C3	FELLOWS ACTION NETWORK 2022-2024	105,600.
P2 COLLABORATIVE OF WNY DBA POPULATION HEALTH COLLABORATIVE 371 DELAWARE AVENUE BUFFALO, NY 14223		501C3	BUFFALO CENTER FOR HEALTH EQUITY	100,000.
PEAK GRANTMAKING 1701 PENNSYLVANIA AVE NW, SUITE 200 WASHINGTON, DC 20006		501C3	PEAK GRANTMAKING	2,000.
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM NY METRO CHAPTER, I 131 W. 33RD STREET, 4TH FLOOR NEW YORK, NY 10001		501C3	ADVOCACY 2022	30,000.
POLICE ATHLETIC LEAGUE OF BUFFALO 65 NIAGARA SQUARE, FL 21 BUFFALO, NY 14202		501C3	FARM TO FORK WBLK SPONSORSHIP	12,300.
READ TO SUCCEED BUFFALO, INC. 392 PEARL STREET, SUITE 100 BUFFALO, NY 14202		501C3	EXPERIENCE CORPS - READ TO SUCCEED BUFFALO	50,000.
REFUGEE & IMMIGRANT SELF-EMPOWERMENT, INC. 302 BURT ST SYRACUSE, NY 13218		501C3	RISE CASE MANAGERS WNY	20,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RURAL OUTREACH CENTER 730 OLEAN ROAD EAST AURORA, NY 14052		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	2,300.
SAY YES BUFFALO SCHOLARSHIP, INC. 1166 JEFFERSON AVENUE, SUITE A BUFFALO, NY 14208		501C3	SAY YES BUFFALO HEALTH HOME COORDINATORS	164,475.
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY, INC. 150 STATE STREET 4TH FLOOR ALBANY, NY 12207		501C3	UNIVERSAL HEALTH CARE 2021	5,000.
SOLUTIONS JOURNALISM NETWORK 115 E 34TH STREET, UNIT 1806 NEW YORK, NY 10156		501C3	FINDING SOLUTIONS - FINDING ELUSIVE CAREGIVERS	8,125.
SOLUTIONS JOURNALISM NETWORK 115 E 34TH STREET, UNIT 1806 NEW YORK, NY 10156		501C3	FINDING SOLUTIONS - CONNECTING WITH ELUSIVE CAREGIVER	24,000.
SOUTHERN TIER HEALTH CARE SYSTEM, INC. 1 LAURENS ST. OLEAN, NY 14760		501C3	SAFE KIDS SOUTHERN TIER NEW YORK COALITION	30,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	CALL TO ACTION - PROJECT SECURE	40,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE RESEARCH FOUNDATION OF SUNY OSWEGO PENFIELD LIBRARY, SUNY OSWEGO OSWEGO, NY 13126		501C3	RECOLLECTION - STORYTELLING THROUGH MEMENTOS 3.0	10,980.
THE RESEARCH FOUNDATION OF SUNY UB 402 CROFTS HALLS AMHERST, NY 14228		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	5,000.
THE RESEARCH FOUNDATION OF SUNY UB 402 CROFTS HALLS AMHERST, NY 14228		501C3	MOVERS AND MAKERS	6,690.
THE SERVICE COLLABORATIVE OF WNY, INC. 173 ELM STREET BUFFALO, NY 14203		501C3	ABLE EARLY CHILDHOOD PROGRAM	4,000.
THE UPSTATE FOUNDATION, INC. 750 E. ADAMS ST, CAB326 SYRACUSE, NY 13210		501C3	AGE-FRIENDLY HEALTH SYSTEMS - NY STATE ACTION COMMUNITY	10,000.
THE UPSTATE FOUNDATION, INC. 750 E. ADAMS ST, CAB326 SYRACUSE, NY 13210		501C3	THINKING HEALTHY PROGRAM	59,975.
UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	CO-CREATING WELL BEING	15,000.
<b>Total from continuation sheets</b> .....				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNITED WAY OF CENTRAL NEW YORK, INC. 980 JAMES STREET SYRACUSE, NY 13203		501C3	CO-CREATING WELL BEING	25,000.
UNITED WAY OF CENTRAL NEW YORK, INC. 980 JAMES STREET SYRACUSE, NY 13203		501C3	HELP ME GROW ONONDAGA PHASE II	87,460.
UNITED WAY OF CENTRAL NEW YORK, INC. 980 JAMES STREET SYRACUSE, NY 13203		501C3	QI & DATA ANALYTICS	50,000.
WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC. 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	WNYICC NETWORK CAPACITY BUILDING	25,000.
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION 140 LOWER TERRACE STREET BUFFALO, NY 14202		501C3	WBFO OLDER ADULTS NEWS DESK	30,000.
WESTERN NEW YORK PUBLIC HEALTH ALLIANCE INC. 1 SCHOOL STREET GOWANDA, NY 14070		501C3	WNY PUBLIC HEALTH ALLIANCE TRAUMA SYMPOSIUM	4,000.
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - JAMESTOWN 401 N. MAIN ST JAMESTOWN, NY 14701		501C3	RURAL HEALTH DISPARITIES MICROGRANT FUND	5,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	CO-CREATING WELL BEING TRAUMA INFORMED CARE TARGETED EXPANSION PILOT	89,000.
ARDENT SOLUTIONS 85 NORTH MAIN STREET, SUITE 4 WELLSVILLE, NY 14895		501C3	SOUTHERN TIER CHILD ADVOCACY CENTER	350,000.
BERTRAND CHAFFEE HOSPITAL 224 EAST MAIN STREET SPRINGVILLE, NY 14141		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2- PARTICIPANT STIPEND	10,000.
BISON CHILDREN'S SCHOLARSHIP FUND, INC. PO BOX 116 BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	100,000.
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET BOSTON, MA 02116		501C3	WESTERN NEW YORK CAREGIVER RESPITE PROGRAM EXPANSION	75,000.
CATHOLIC HEALTH SYSTEM 144 GENESEE ST BUFFALO, NY 14203		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2- PARTICIPANT STIPEND	10,000.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	DOULA PARTNERSHIP OF CAYUGA, CORTLAND, HERKIMER AND MADISON COUNTIES	390,000.
<b>Total from continuation sheets</b>				3,884,770.

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CAYUGA MEDICAL CENTER AT ITHACA 101 DATES DRIVE ITHACA, NY 14850		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2- PARTICIPANT STIPEND	10,000.
COMMUNITY CONNECTIONS OF NY, INC. 217 EAST DELAVAN BUFFALO, NY 14208		501C3	PEDALS CNY: TRANSITION TO HUB	82,526.
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM 10 NEFF HALL UNIVERSITY OF MISSOURI COLUMBIA, MO 65211		501C3	ASSOCIATION FOR HEALTHCARE JOURNALISTS CONFERENCE FELLOWSHIPS 2023	10,000.
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13211		501C3	PEDALS IN CNY: TRANSITION TO HUB	200,025.
CITY MISSION SOCIETY, INC. 100 E. TUPPER BUFFALO, NY 14203		501C3	BUFFALO CITY MISSION: NEXT CENTURY CAMPAIGN	62,500.
COMMUNITY HEALTH CENTER OF BUFFALO, INC. 34 BENWOOD AVE BUFFALO, NY 14214		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2- PARTICIPANT STIPEND	10,000.
COMMUNITY SERVICE SOCIETY OF NEW YORK 633 THIRD AVE 10TH FLOOR NEW YORK, NY 10017		501C3	KEEP NEW YORK COVERED	180,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ECMC FOUNDATION, INC. 462 GRIDER BUFFALO, NY 14215		501C3	AGE-FRIENDLY HEALTH SYSTEMS- NEW YORK STATE ACTION COMMUNITY PHASE 2- PARTICIPANT STIPEND	10,000.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02451		501C3	COMMUNITY BUILDING IN NIAGARA COUNTY TO ADDRESS ELDER MISTREATMENT	171,250.
ERIE NIAGARA AREA HEALTH EDUCATION CENTER 77 GOODELL ST. SUITE 460 BUFFALO, NY 14203		501C3	DOULA COORDINATION AND SERVICES PROGRAM	500,000.
GRANTMAKERS FORUM OF NEW YORK INC. D/B/A NY FUNDERS ALLIANCE INITIATIVES FUND 75 COLLEGE AVENUE ROCHESTER, NY 14607		501C3	LIFTOFF WNY	20,000.
GRASSROOTS GARDENS OF WESTERN NEW YORK 389 BROADWAY STREET BUFFALO, NY 14204		501C3	CAPACITY BUILDING	15,000.
HEALTHCARE ASSOCIATION OF NEW YORK STATE ONE EMPIRE DRIVE RENSSELAER, NY 12144		501C3	AGE FRIENDLY HEALTH SYSTEMS	45,594.
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221		501C3	GROWING UP STRONG: WNY HEALTHYSTEPS	125,000.
<b>Total from continuation sheets</b> .....				



HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTEGRATED COMMUNITY ALTERNATIVES NETWORK, INC. 310 MAIN STREET UTICA, NY 13501		501C3	HEALTHY CONNECTIONS FROM THE START RENEWAL	81,376.
INTEGRATED COMMUNITY PLANNING OF OSWEGO COUNTY INC 317 W 1ST STREET SUITE 111 OSWEGO, NY 13126		501C3	HELP ME GROW AFFILIATE TRAINING	12,000.
JSI RESEARCH AND TRAINING INSTITUTE, INC. 44 FARNSWORTH ST BOSTON, MA 02210		501C3	WNY SAFETY NET ASSESSMENT	60,000.
LIFESPAN OF GREATER ROCHESTER INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	COMMUNITY CARE CONNECTIONS	70,000.
LIFESPAN OF GREATER ROCHESTER INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	NYSCRC AMERICORPS VOLUNTEER RESPITE MODEL	90,000.
NATIVE AMERICAN COMMUNITY SERVICES 1005 GRANT STREET BUFFALO, NY 14207		501C3	NATIVE AMERICAN COMMUNITY SERVICES CAPACITY BUILDING	25,000.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET ALBANY, NY 12210		501C3	STATEWIDE HEALTH TASK FORCE AND ADVOCACY	150,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	WNY NONPROFIT SUPPORT GROUP	36,000.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. PO BOX 295 BUFFALO, NY 14223		501C3	BUFFALO CENTER FOR HEALTH EQUITY	75,000.
POLICE ATHLETIC LEAGUE OF BUFFALO 65 NIAGARA SQ 21ST FL BUFFALO, NY 14202		501C3	FARM TO FORK WBLK SPOT	24,600.
READ TO SUCCEED BUFFALO, INC. 392 PEARL STREET, SUITE 100 BUFFALO, NY 14202		501C3	EXPERIENCE CORPS	75,000.
REFUGEE & IMMIGRANT SELF-EMPOWERMENT INC 302 BURT ST SYRACUSE, NY 13218		501C3	RISE: WNY CARE MANAGERS	72,784.
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC. 540 BROADWAY ALBANY, NY 12207		501C3	EDUCATING COMMUNITIES ON MEDICAID	25,000.
SOUTHERN TIER HEALTH CARE SYSTEM, INC. 150 NORTH UNION STREET OLEAN, NY 14760		501C3	SAFE KIDS SOUTHERN TIER NEW YORK COALITION CONTINUATION	75,000.
<b>Total from continuation sheets</b>				

HEALTH FOUNDATION FOR WESTERN & CENTRAL  
NEW YORK

Form 990-PF

22-3804398

Page 11

**Part XIV** Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE UPSTATE FOUNDATION, INC. 750 E ADAMS ST CAB326 SYRACUSE, NY 13210		501C3	THINKING HEALTHY	59,975.
UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	CO-CREATING WELL BEING TRAUMA INFORMED CARE TARGETED EXPANSION PILOT	84,000.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13203		501C3	CO-CREATING WELL BEING TRAUMA INFORMED CARE TARGETED EXPANSION PILOT	81,000.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13203		501C3	HELP ME GROW ONONDAGA QI & DATA ANALYTICS FOR SYSTEMS CHANGE	150,000.
WESTERN NEW YORK CLINICAL INFORMATION EXCHANGE INC. 2475 GEORGE URBAN BLVD SUITE 202 DEPEW, NY 14043		501C3	FELLOWS ACTION NETWORK 2022-2024	107,140.
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION PO BOX 1263 BUFFALO, NY 14202		501C3	WBFO OLDER ADULTS NEWS DESK	60,000.
YWCA JAMESTOWN 401 N. MAIN STREET JAMESTOWN, NY 14701		501C3	HEALTHY HOUSING	5,000.
<b>Total from continuation sheets</b>				

**Underpayment of Estimated Tax by Corporations**

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

**2022**

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

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

**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) .....		<b>1</b>	<b>231,940.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>231,940.</b>
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>163,867.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>163,867.</b>

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

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

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	05/15/22	06/15/22	09/15/22	12/15/22
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	2,358.			
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>		10,000.	26,000.	
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	0.			
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>				
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	2,358.			
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

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 4/15/2022 and before 7/1/2022 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<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 9/30/2022 and before 1/1/2023 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....	<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 6/30/2023 and before 10/1/2023 .....	<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 9/30/2023 and before 1/1/2024 .....	<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 12/31/2023 and before 3/16/2024 .....	<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>37.</b>

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

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

See instructions.

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

**Part I Adjusted Seasonal Installment Method**

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

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
<b>1</b> Enter taxable income for the following periods.					
<b>a</b> Tax year beginning in 2019	<b>1a</b>				
<b>b</b> Tax year beginning in 2020	<b>1b</b>				
<b>c</b> Tax year beginning in 2021	<b>1c</b>				
<b>2</b> Enter taxable income for each period for the tax year beginning in 2022. See the instructions for the treatment of extraordinary items	<b>2</b>				
<b>3</b> Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
<b>a</b> Tax year beginning in 2019	<b>3a</b>				
<b>b</b> Tax year beginning in 2020	<b>3b</b>				
<b>c</b> Tax year beginning in 2021	<b>3c</b>				
<b>4</b> Divide the amount in each column on line 1a by the amount in column (d) on line 3a	<b>4</b>				
<b>5</b> Divide the amount in each column on line 1b by the amount in column (d) on line 3b	<b>5</b>				
<b>6</b> Divide the amount in each column on line 1c by the amount in column (d) on line 3c	<b>6</b>				
<b>7</b> Add lines 4 through 6	<b>7</b>				
<b>8</b> Divide line 7 by 3.0	<b>8</b>				
<b>9a</b> Divide line 2 by line 8	<b>9a</b>				
<b>b</b> Extraordinary items (see instructions)	<b>9b</b>				
<b>c</b> Add lines 9a and 9b	<b>9c</b>				
<b>10</b> Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, line 2, or comparable line of corp's return	<b>10</b>				
<b>11a</b> Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	<b>11a</b>				
<b>b</b> Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	<b>11b</b>				
<b>c</b> Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	<b>11c</b>				
<b>12</b> Add lines 11a through 11c	<b>12</b>				
<b>13</b> Divide line 12 by 3.0	<b>13</b>				
<b>14</b> Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	<b>14</b>				
<b>15</b> Enter any alternative minimum tax (trusts only) for each payment period. See instructions	<b>15</b>				
<b>16</b> Enter any other taxes for each payment period. See instr.	<b>16</b>				
<b>17</b> Add lines 14 through 16	<b>17</b>				
<b>18</b> For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	<b>18</b>				
<b>19</b> Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	<b>19</b>				

**Part II** <sup>\*\*</sup> Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>4</u> months	First <u>7</u> months	First <u>10</u> months
20	Annualization periods (see instructions) .....	20			
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items .....	21	113,079.		
22	Annualization amounts (see instructions) .....	22	6.000000	3.000000	1.714290
23a	Annualized taxable income. Multiply line 21 by line 22 ...	23a	678,474.		
23b	Extraordinary items (see instructions) .....	23b			
23c	Add lines 23a and 23b .....	23c	678,474.		
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return .....	24	9,431.		
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	9,431.		
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions .....	28			
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0- .....	29	9,431.		
30	Applicable percentage .....	30	25%	50%	75%
31	Multiply line 29 by line 30 .....	31	2,358.		

**Part III** Required Installments

		1st	2nd	3rd	4th
		installment	installment	installment	installment
<b>Note:</b> Complete lines 32 through 38 of one column before completing the next column.					
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the <b>smaller</b> of the amounts in each column from line 19 or line 31 .....	32	2,358.	0.	0.
33	Add the amounts in all preceding columns of line 38. See instructions .....	33			
34	<b>Adjusted seasonal or annualized income installments.</b> Subtract line 33 from line 32. If zero or less, enter -0- ...	34	2,358.		
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <b>Note:</b> "Large corporations," see the instructions for line 10 for the amounts to enter .....	35	40,967.	75,003.	57,985.
36	Subtract line 38 of the preceding column from line 37 of the preceding column .....	36		38,609.	113,612.
37	Add lines 35 and 36 .....	37	40,967.	113,612.	171,597.
38	<b>Required installments.</b> Enter the <b>smaller</b> of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions .....	38	2,358.	0.	0.

Form 2220 (2022)

**\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1**





FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
NONPUBLICLY TRADED INVESTMENTS					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	6,750,000.	5,710,502.	0.	0.	1,039,498.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED					
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	10,026,629.	9,001,028.	0.	0.	1,025,601.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	1,457,525.	885,097.	0.	0.	572,428.

CAPITAL GAINS DIVIDENDS FROM PART IV

0.

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

2,637,527.

## FORM 990-PF

## DIVIDENDS AND INTEREST FROM SECURITIES

## STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NONPUBLICLY TRADED INVESTMENTS	14,616.	0.	14,616.	14,616.	
PUBLICLY TRADED INVESTMENTS	886,064.	0.	886,064.	886,064.	
TO PART I, LINE 4	900,680.	0.	900,680.	900,680.	

## FORM 990-PF

## OTHER INCOME

## STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
PASSED THROUGH K-1S	0.	4,400,467.	
OTHER INVESTMENT INCOME	1,350,130.	1,350,130.	
RETURNED GRANT FUNDS	6,706.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	1,356,836.	5,750,597.	

## FORM 990-PF

## LEGAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	12,330.	0.		12,330.
TO FM 990-PF, PG 1, LN 16A	12,330.	0.		12,330.

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

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

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	1,142,478.	1,142,478.		0.
EVALUATION CONSULTANTS	93,015.	0.		93,015.
PROGRAM CONSULTANTS	360,002.	0.		360,002.
ADMINISTRATIVE CONSULTANTS	56,250.	0.		56,250.
TO FORM 990-PF, PG 1, LN 16C	1,651,745.	1,142,478.		509,267.

## 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	124,021.	0.		0.
NYS FILING FEES	0.	104,041.		0.
	1,500.	0.		1,500.
TO FORM 990-PF, PG 1, LN 18	125,521.	104,041.		1,500.

## 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	64,941.	0.		64,941.
OFFICE EXPENSE	108,626.	0.		108,626.
INSURANCE	9,729.	0.		9,729.
SPONSORED EVENTS	20,240.	0.		20,240.
MAINTENANCE EXPENSE	26,154.	0.		26,154.
MISCELLANEOUS EXPENSE	5,575.	0.		5,575.
MEMBERSHIP DUES PASSED THROUGH K-1	11,136.	0.		11,136.
	0.	350,433.		0.
TO FORM 990-PF, PG 1, LN 23	246,401.	350,433.		246,401.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ARISTOTLE SMALL CAP EQUITY FUND	2,562,111.	2,562,111.
EDGEWOOD	5,273,062.	5,273,062.
HARBOR DIVERSIFIED	8,164,244.	8,164,244.
VANGUARD EMG MARKETS INDEX	3,240,640.	3,240,640.
VANGUARD TOTAL INTL STOCK	7,180,895.	7,180,895.
TOTAL TO FORM 990-PF, PART II, LINE 10B	26,420,952.	26,420,952.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG REALTY VALUE FUND X, LP	FMV	1,553,379.	1,553,379.
AG REALTY VALUE FUND XI, LP	FMV	140,000.	140,000.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, LP	FMV	2,096,577.	2,096,577.
DRAKE	FMV	9,937,990.	9,937,990.
DRUM SPECIAL SITUATIONS PARTNERS IV LP	FMV	996,139.	996,139.
GOVERNORS LANE OFFSHORE FUND, LTD	FMV	2,636,944.	2,636,944.
STEPSTONE VC GLOBAL PARTNERS VIII LP	FMV	1,812,367.	1,812,367.
STEPSTONE VC GLOBAL PARTNERS IX LP	FMV	1,861,486.	1,861,486.
STEPSTONE GLOBAL PARTNERS X LP	FMV	632,198.	632,198.
IRONSIDES PARTNERSHIP FUND V, LP	FMV	1,806,351.	1,806,351.
IRONSIDES PARTNERSHIP FUND VI, LP	FMV	120,309.	120,309.
LAKEWOOD CAPITAL OFFSHORE FUND, LTD	FMV	2,454,534.	2,454,534.
LANDMARK EQUITY PARTNERS XVI LP	FMV	1,146,103.	1,146,103.
NEWBURY EQUITY PARTNERS V LP	FMV	608,286.	608,286.
MB GLOBAL SPECIAL OPPORTUNITIES FUND L	FMV	269,646.	269,646.
RCP FUND XI	FMV	2,167,145.	2,167,145.
RCP FUND XII	FMV	2,221,380.	2,221,380.
RIVERSIDE CAPITAL APPRECIATION FUND VII-A, LP	FMV	892,108.	892,108.
SEAPORT GLOBAL PROPERTY SECURITIES FUND, L.P (AEW)	FMV	3,783,807.	3,783,807.
WNY IMPACT FUND	FMV	752,629.	752,629.
WNY IMPACT FUND II	FMV	133,050.	133,050.
SILCHESTER	FMV	10,258,598.	10,258,598.
SOUTHPOINT QUALIFIED OFFSHORE FUND, LTD	FMV	2,262,264.	2,262,264.
SSGA 500 INDEX	FMV	23,396,259.	23,396,259.
SSGA GLOBAL LARGE MIDCAP	FMV	6,034,804.	6,034,804.
THE RESOLUTE FUND IV, L.P	FMV	2,263,612.	2,263,612.
THE RESOLUTE FUND V, L.P	FMV	1,117,278.	1,117,278.
VARDE CREDIT PARTNERS (OFFSHORE), LTD	FMV	2,186,136.	2,186,136.
WELLINGTON EMERGING MARKETS LOCAL EQUITY (2)	FMV	2,077,820.	2,077,820.
WELLINGTON SMID CAP RESEARCH EQUITY	FMV	4,294,322.	4,294,322.
WHI REAL ESTATE PARTNERS V, LP	FMV	1,608,387.	1,608,387.
FIDELITY US BOND INDEX FUND	FMV	5,159,960.	5,159,960.
COLLATERAL (VANGUARD INTERMEDIATE)	FMV	5,880,361.	5,880,361.
FPA CRESCENT	FMV	3,498,407.	3,498,407.
TOTAL TO FORM 990-PF, PART II, LINE 13		108,060,636.	108,060,636.

## FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE-(2)4DR LATERAL FILES	734.	734.	0.
FILE CABINET	580.	580.	0.
BOOKCASES	366.	366.	0.
LEASEHOLD IMPROVEMENTS-LARKIN	12,427.	12,427.	0.
8 CHAIRS (KNOLL)	3,557.	3,557.	0.
4 RECTANGULAR TABLES	777.	777.	0.
SYRACUSE IMPROVEMENT	20,000.	20,000.	0.
BUFFALO IMPROVEMENTS	56,566.	56,566.	0.
OFFICE FURNITURE - BUFFALO	8,833.	8,833.	0.
VIDEO CONFERENCING EQUIPMENT - BUFFALO	47,194.	47,194.	0.
VIDEO CONFERENCE UPGRADE	7,105.	7,105.	0.
ERGONOMIC CHAIRS & OFFICE FURNITURE	6,264.	6,264.	0.
VIDEO 190 - UPGRADE TO CONFERENCE ROOM	467.	467.	0.
MONITORS AND PROJECTOR	1,518.	1,518.	0.
FURNITURE	830.	830.	0.
SIGN IN FRONT OFFICE	3,150.	3,150.	0.
RE/FE SOFTWARE	45,453.	45,453.	0.
GE SOFTWARE	42,545.	42,545.	0.
GE IMPLEMENTATION	3,555.	3,555.	0.
PRESIDENT'S OFFICE GUEST CHAIRS	1,075.	1,075.	0.
POLYCOM - SYRACUSE	959.	959.	0.
POLYCOM - BUFFALO	1,457.	1,457.	0.
DELL SERVER	4,903.	4,903.	0.
BUFFALO OFFICE EXPANSION 2014	82,478.	70,106.	12,372.
BUFFALO OFFICE FURNITURE	23,721.	19,965.	3,756.
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.	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.	15,511.	8,352.
HP PROBOOK 450 G3 15.6"			
TOUCHSCREEN NOTEBOOK	865.	865.	0.
LAPTOP AND DOCKING STATION	1,030.	1,030.	0.
HFWCNY HALL SIGN	1,005.	1,005.	0.
FIVE DRAWER FILE CABINET	1,053.	940.	113.
DELL OPTIPLEX 3040 DESKTOP COMPUTER	1,129.	1,129.	0.

PRO BOOK (HP) DOCKING STATION/MONITORS	1,801.	1,801.	0.
FURNITURE FOR PRESIDENTS OFFICE	10,408.	5,898.	4,510.
4 - VARICHAIRS	762.	572.	190.
8 - VARIDESKS	5,166.	3,874.	1,292.
RICOH COLOR COPIER	8,905.	4,378.	4,527.
SMALL TRAVEL LAPTOP - PRESIDENT	1,680.	1,680.	0.
BROTHER PRINTER - PRESIDENTS OFFICE	380.	380.	0.
5 - DOCKING STATIONS	1,493.	1,493.	0.
5-DELL LAPTOPS _ PROGRAM TEAM	6,795.	6,795.	0.
SONIC WALL	1,607.	1,607.	0.
VP OF FINANCE COMPUTER	1,334.	1,334.	0.
OFFICE MANAGER COMPUTER	1,334.	1,334.	0.
GRANTS MANAGER COMPUTER	1,333.	1,333.	0.
VP OF FINANCE - MONITORS	488.	488.	0.
OFFICE MANAGER - MONITORS	488.	488.	0.
GRANTS MANAGER - MONITORS	488.	488.	0.
SERVER OPERATING SYSTEM_MS OFFICE LICENSES	499.	499.	0.
SYRACUSE OFFICE PAINTING	4,300.	3,727.	573.
DELL LAPTOP CUSTOM BUILT	1,567.	1,567.	0.
DELL DOCKING STATION	295.	295.	0.
RICOH COPY MACHINE	5,936.	2,374.	3,562.
SYRACUSE OFFICE FURNITURE - 2019	11,416.	4,567.	6,849.
RICOH PROJECTOR	1,525.	1,525.	0.
2 - VARICHAIRS	390.	204.	186.
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.	971.	28.
USER UPGRADE TO ZULTYS PHONE SYSTEM	932.	264.	668.
HOME WORKSTATION	3,753.	2,502.	1,251.
MONITOR FOR ASSET 151	710.	284.	426.
LAPTOP K OLDEN	1,704.	1,136.	568.
PC, MONITOR, DOCK - DOFA	1,474.	860.	614.
PC, DOCK, KEYBOARD - PROGMGR	1,452.	767.	685.
BUF CONF RM AV EQUIP	31,354.	6,539.	24,815.
BUF 2 OUTLETS CONF RM AV EQUIP	880.	103.	777.
SYR CONF RM AV EQUIP	8,995.	1,649.	7,346.
NEW SERVER EQUIP	9,098.	2,780.	6,318.
COMPUTER DFA	977.	298.	679.
DSKTPS - PRES, EXEC ASST	2,722.	756.	1,966.
PC COMM CON MGR	1,155.	160.	995.
LAPTPS/DOCKS VP PRGS, SR PRG			
OFFCR, 2 SYR PRG OFFCRS	5,978.	166.	5,812.
TOTAL TO FM 990-PF, PART II, LN 14	586,090.	486,860.	99,230.

## FORM 990-PF

## OTHER ASSETS

## STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION	144,543.	112,199.	112,199.
PROGRAM RELATED INVESTMENT	18,881.	0.	0.
RIGHT OF USE ASSET	0.	233,824.	233,824.
TO FORM 990-PF, PART II, LINE 15	163,424.	346,023.	346,023.

## FORM 990-PF

## OTHER LIABILITIES

## STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
DEFERRED COMPENSATION LIABILITY	144,543.	112,199.
LEASE LIABILITY	0.	233,824.
TOTAL TO FORM 990-PF, PART II, LINE 22	144,543.	346,023.

## FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VI-A, LINE 10

## STATEMENT 14

## NAME OF CONTRIBUTOR

## ADDRESS

MACKENZIE SCOTT

1201 3RD AVENUE SUITE 4900  
SEATTLE, WA 98101



FORM 990-PF

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

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHERYL SMITH FISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	CHAIR 4.00	0.	0.	0.
ANN SEDORE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	VICE CHAIR 4.00	0.	0.	0.
CARRIE 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 O'BRIEN-SURIC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	245,384.	30,899.	0.
VALERIE GAYDOSH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VP OF FINANCE (THRU JULY 2022) 40.00	69,656.	8,277.	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.
RAY D'AGOSTINO 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE (THRU SEPTEMBER 2022) 4.00	0.	0.	0.
CATHERINE A. DIVINEY 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.

## HEALTH FOUNDATION FOR WESTERN &amp; CENTRAL

22-3804398

ANDREW W. DORN, JR. 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ANGELA M. DOUGLAS 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LEANNE FISCOE 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
JOANNE HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
LATOYA M. JONES, BS, HAS, LPN 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
KEVIN B. KLOTZBACH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ELIZABETH L. MAURO, LCSW-R 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
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.
MICHAEL SHAFFER 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
CAROL WHITWOOD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.

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

315,040.	39,176.	0.
----------	---------	----

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

AGE FRIENDLY GO LOCAL - THIS PROGRAM ALLOWS GRASSROOTS ORGANIZATIONS TO IDENTIFY AND TEST OUT AGE-FRIENDLY PROJECTS AND PROVIDES TOOLS FOR ARTICULATING THE IMPACT OF THEIR WORK WITH AN AGE-FRIENDLY LENS. THE PROGRAM PROVIDES FUNDING UP TO \$25,000 PER GRANTEE, TECHNICAL ASSISTANCE, AND A LEARNING COLLABORATIVE.

EXPENSES

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

441,783.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY TWO

PEDALS TRANSITION TO HUB - PEDALS IS A TWO-YEAR INTERVENTION FOR THREE- AND FOUR-YEAR-OLDS THAT COMBINES EVIDENCE-BASED CURRICULA, CLASSROOM COACHING, TECHNICAL ASSISTANCE AND EVALUATION TO CREATE AN ENVIRONMENT IN WHICH CHILDREN ACTIVELY LEARN AND DEVELOP SELF-REGULATION, ATTACHMENT AND COMMUNICATION SKILLS. THIS GRANT SUPPORTS THE IMPLEMENTATION OF THE PEDALS PROGRAM IN ONONDAGA COUNTY.

EXPENSES

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

415,949.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

ACTIVITY THREE

FELLOWS COHORT 10 - THROUGH THIS PROGRAM, THE FOUNDATION WORKS TO DEVELOP AND SUPPORT DIVERSE, HIGHLY SKILLED, COLLABORATIVE LEADERS IN WESTERN AND CENTRAL NEW YORK. THE 18-MONTH FELLOWSHIP FOCUSES ON COLLABORATIVE LEADERSHIP, INSIDE AND ACROSS ORGANIZATIONS, AND PROMOTES DEEP UNDERSTANDING OF FIVE CORE COMPETENCIES: PERSON-CENTERED CARE, CONTINUOUS QUALITY IMPROVEMENT, WORKING THROUGH INTER-DISCIPLINARY TEAMS, USE OF INFORMATICS AND EVIDENCE-BASED OUTCOMES.

EXPENSES

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

336,506.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 19

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 PROJECT THAT INCREASE ACCESS, AVAILABILITY AND UPTAKE OF TRAUMA INFORMED SERVICES THAT FOCUS ON RESILIENCE AND WELLBEING FOR CHILDREN, FAMILIES AND PROVIDERS.

EXPENSES

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

298,995.

FORM 990-PF

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

STATEMENT 20

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)

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 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
79	GE IMPLEMENTATION	01/01/13	SL	.000		16	3,555.				3,555.	3,555.		0.	3,555.
82	PRESIDENT'S OFFICE GUEST CHAIRS	08/12/13	SL	.000		16	1,075.				1,075.	1,075.		0.	1,075.
83	POLYCOM - SYRACUSE	08/01/13	SL	.000		16	959.				959.	959.		0.	959.
84	POLYCOM - BUFFALO	08/01/13	SL	.000		16	1,457.				1,457.	1,457.		0.	1,457.
85	DELL SERVER	08/01/13	SL	.000		16	4,903.				4,903.	4,903.		0.	4,903.
93	BUFFALO OFFICE EXPANSION 2014	07/15/14	SL	.000		16	82,478.				82,478.	70,106.		0.	70,106.
94	BUFFALO OFFICE FURNITURE	08/01/14	SL	.000		16	23,721.				23,721.	19,965.		0.	19,965.
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.		0.	1,260.
110	HP PROBOOK 655 G1 15.6" NOTEBOOK	05/01/16	SL	.000		16	834.				834.	834.		0.	834.
111	HP 2012 230 W DOCKING STATION	05/31/16	SL	.000		16	236.				236.	236.		0.	236.
112	LOCKING BOOKCASE	05/01/16	SL	.000		16	258.				258.	258.		0.	258.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
113	NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	07/13/16	SL	.000		16	1,683.				1,683.	1,683.		0.	1,683.
114	ZULTYS VOIP PHONE SYSTEM	07/20/16	SL	.000		16	23,863.				23,863.	15,511.		0.	15,511.
115	HP PROBOOK 450 G3 15.6" TOUCHSCREEN NOTEBOOK	08/15/16	SL	.000		16	865.				865.	865.		0.	865.
116	LAPTOP AND DOCKING STATION	08/01/16	SL	.000		16	1,030.				1,030.	1,030.		0.	1,030.
117	HFWCNY HALL SIGN	09/14/16	SL	.000		16	1,005.				1,005.	1,005.		0.	1,005.
118	FIVE DRAWER FILE CABINET	10/14/16	SL	.000		16	1,053.				1,053.	940.		0.	940.
119	DELL OPTIPLEX 3040 DESKTOP COMPUTER	01/01/17	SL	.000		16	1,129.				1,129.	1,129.		0.	1,129.
120	PRO BOOK (HP) DOCKING STATION/MONITORS	02/20/17	SL	.000		16	1,801.				1,801.	1,801.		0.	1,801.
121	FURNITURE FOR PRESIDENTS OFFICE	05/01/17	SL	.000		16	10,408.				10,408.	5,898.		0.	5,898.
122	4 - VARICHAIRS	10/01/17	SL	.000		16	762.				762.	572.		0.	572.
123	8 - VARIDESKS	10/01/17	SL	.000		16	5,166.				5,166.	3,874.		0.	3,874.
124	RICOH COLOR COPIER	02/01/18	SL	.000		16	8,905.				8,905.	4,378.		0.	4,378.
125	SMALL TRAVEL LAPTOP - PRESIDENT	02/26/18	SL	.000		16	1,680.				1,680.	1,680.		0.	1,680.
126	BROTHER PRINTER - PRESIDENTS OFFICE	02/26/18	SL	.000		16	380.				380.	380.		0.	380.
127	5 - DOCKING STATIONS	02/26/18	SL	.000		16	1,493.				1,493.	1,493.		0.	1,493.
128	5-DELL LAPTOPS _ PROGRAM TEAM	02/26/18	SL	.000		16	6,795.				6,795.	6,795.		0.	6,795.
129	SONIC WALL	03/01/18	SL	.000		16	1,607.				1,607.	1,607.		0.	1,607.
130	VP OF FINANCE COMPUTER	08/14/18	SL	.000		16	1,334.				1,334.	1,334.		0.	1,334.



2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
131	OFFICE MANAGER COMPUTER	08/14/18	SL	.000		16	1,334.				1,334.	1,334.		0.	1,334.
132	GRANTS MANAGER COMPUTER	08/14/18	SL	.000		16	1,333.				1,333.	1,333.		0.	1,333.
133	VP OF FINANCE - MONITORS	08/14/18	SL	.000		16	488.				488.	488.		0.	488.
134	OFFICE MANAGER - MONITORS	08/14/18	SL	.000		16	488.				488.	488.		0.	488.
135	GRANTS MANAGER - MONITORS	08/30/18	SL	.000		16	488.				488.	488.		0.	488.
136	SERVER OPERATING SYSTEM_MS OFFICE LICENSES	08/14/18	SL	.000		16	499.				499.	499.		0.	499.
137	SYRACUSE OFFICE PAINTING	09/01/18	SL	.000		16	4,300.				4,300.	3,727.		0.	3,727.
138	DELL LAPTOP CUSTOM BUILT	10/22/18	SL	.000		16	1,567.				1,567.	1,567.		0.	1,567.
139	DELL DOCKING STATION	10/22/18	SL	.000		16	295.				295.	295.		0.	295.
140	RICOH COPY MACHINE	01/24/19	SL	.000		16	5,936.				5,936.	2,374.		0.	2,374.
141	SYRACUSE OFFICE FURNITURE - 2019	01/09/19	SL	.000		16	11,416.				11,416.	4,567.		0.	4,567.
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.	204.		0.	204.
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.		0.	739.
148	SONIC WALL NETWORK FIREWALL	12/31/19	SL	.000		16	880.				880.	880.		0.	880.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
149	UBITQUITI EDGESWITCH	02/13/20	SL	.000		16	999.				999.	971.		0.	971.
150	USER UPGRADE TO ZULTYS PHONE SYSTEM	03/23/20	SL	.000		16	932.				932.	264.		0.	264.
151	HOME WORKSTATION	07/30/20	SL	.000		16	3,753.				3,753.	2,502.		0.	2,502.
152	MONITOR FOR ASSET 151	07/30/20	SL	.000		16	710.				710.	284.		0.	284.
153	LAPTOP K OLDEN	07/30/20	SL	.000		16	1,704.				1,704.	1,136.		0.	1,136.
154	PC, MONITOR, DOCK - DOFA	04/01/21	SL	.000		16	1,474.				1,474.	860.		0.	860.
155	PC, DOCK, KEYBOARD - PROGMGR	06/01/21	SL	.000		16	1,452.				1,452.	767.		0.	767.
156	BUF CONF RM AV EQUIP	11/01/21	SL	.000		16	31,354.				31,354.	6,539.		0.	6,539.
157	BUF 2 OUTLETS CONF RM AV EQUIP	11/01/21	SL	.000		16	880.				880.	103.		0.	103.
158	SYR CONF RM AV EQUIP	02/01/22	SL	.000		16	8,995.				8,995.	1,649.		0.	1,649.
159	NEW SERVER EQUIP	02/01/22	SL	.000		16	9,098.				9,098.	2,780.		0.	2,780.
160	COMPUTER DFA	02/01/22	SL	.000		16	977.				977.	298.		0.	298.
161	DSKTPS - PRES, EXEC ASST	03/01/22	SL	.000		16	2,722.				2,722.	756.		0.	756.
162	PC COMM CON MGR	08/01/22	SL	.000		16	1,155.				1,155.	160.		0.	160.
163	LAPTOPS/DOCKS VP PRGS, SR PRG OFFCR, 2 SYR PRG OFFCRS	12/01/22	SL	.000		16	5,978.				5,978.	166.		0.	166.
	* TOTAL 990-PF PG 1 DEPR						586,090.				586,090.	486,860.		0.	486,860.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						557,165.			0.	557,165.	481,051.			481,051.

