

Return of Private Foundation

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

2014

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK		A Employer identification number 22-3804398
Number and street (or P.O. box number if mail is not delivered to street address) 726 EXCHANGE STREET	Room/suite 518	B Telephone number (716) 852-3030
City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14210-1485		C If exemption application is pending, check here <input type="checkbox"/>
G 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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H 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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 120,420,190.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <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)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,701,210.	2,441,416.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				STATEMENT 1
	b Gross sales price for all assets on line 6a 38,877,748.				
	7 Capital gain net income (from Part IV, line 2)		10,055,232.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	115,220.	22,411.		STATEMENT 3	
12 Total. Add lines 1 through 11	10,553,149.	12,519,059.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	468,592.	0.		468,592.
	14 Other employee salaries and wages	558,722.	0.		558,722.
	15 Pension plans, employee benefits	135,654.	0.		135,654.
	16a Legal fees STMT 4	3,841.	0.		3,841.
	b Accounting fees STMT 5	17,300.	4,325.		12,975.
	c Other professional fees STMT 6	2,060,604.	767,518.		1,293,086.
	17 Interest				
	18 Taxes STMT 7	94,687.	55,869.		0.
	19 Depreciation and depletion	59,958.	0.		
	20 Occupancy	91,640.	0.		91,640.
	21 Travel, conferences, and meetings	273,996.	0.		273,996.
	22 Printing and publications	21,988.	0.		21,988.
	23 Other expenses STMT 8	359,628.	13,096.		358,128.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,146,610.	840,808.		3,218,622.
	25 Contributions, gifts, grants paid	2,635,730.			2,635,730.
26 Total expenses and disbursements. Add lines 24 and 25	6,782,340.	840,808.		5,854,352.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	3,770,809.				
b Net investment income (if negative, enter -0-)		11,678,251.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

Form 990-PF (2014)

22-3804398

Page 2

Part II Balance Sheets <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
Assets	1 Cash - non-interest-bearing	419,583.	218,777.	218,777.
	2 Savings and temporary cash investments	970,677.	436,720.	436,720.
	3 Accounts receivable ▶ 35,919.			
	Less: allowance for doubtful accounts ▶	46,176.	35,919.	35,919.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	30,145,103.	25,246,341.	25,246,341.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	90,123,488.	93,508,223.	93,508,223.	
14 Land, buildings, and equipment: basis ▶ 541,989.				
Less: accumulated depreciation ▶ 258,819.	224,520.	283,170.	283,170.	
15 Other assets (describe ▶ STATEMENT 11)	726,848.	691,040.	691,040.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	122,656,395.	120,420,190.	120,420,190.	
Liabilities	17 Accounts payable and accrued expenses	22,401.	43,470.	
	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 ▶ STATEMENT 12)	139,832.	189,167.	
23 Total liabilities (add lines 17 through 22)	162,233.	232,637.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	122,494,162.	120,187,553.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	122,494,162.	120,187,553.		
31 Total liabilities and net assets/fund balances	122,656,395.	120,420,190.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	122,494,162.
2 Enter amount from Part I, line 27a	2	3,770,809.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	126,264,971.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSSES ON INVESTMENTS	5	6,077,418.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	120,187,553.

423511
11-24-14

Form 990-PF (2014)

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

Form 990-PF (2014)

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 (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VARIOUS PUBLICLY TRADED SECURITIES	P	VARIOUS	VARIOUS
b SEE TAB B	P	VARIOUS	VARIOUS
c CAPITAL GAINS DIVIDENDS			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 21,054,469.		18,726,350.	2,328,119.
b 17,542,542.		10,096,166.	7,446,376.
c 280,737.			280,737.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			2,328,119.
b			7,446,376.
c			280,737.
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	10,055,232.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	5,292,642.	115,780,290.	.045713
2012	4,880,700.	104,071,991.	.046897
2011	4,230,180.	99,769,245.	.042400
2010	4,086,296.	88,157,318.	.046352
2009	4,105,737.	74,509,903.	.055103

2 Total of line 1, column (d)	2	.236465
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.047293
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	120,458,209.
5 Multiply line 4 by line 3	5	5,696,830.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	116,783.
7 Add lines 5 and 6	7	5,813,613.
8 Enter qualifying distributions from Part XII, line 4	8	5,972,960.

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

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

Form 990-PF (2014)

22-3804398 Page 4

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	116,783.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	116,783.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	116,783.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	57,704.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	40,000.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	97,704.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	19,079.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Form **990-PF** (2014)

HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK

Form 990-PF (2014)

22-3804398

Page 5

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.HFWCNY.ORG	X		
14	The books are in care of CAROL L. QUARANTILLO Telephone no. 716-852-3030 Located at 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY ZIP+4 14210-1485			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year		15	N/A
16	At any time during calendar year 2014, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country		16	Yes No X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2014 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

Form 990-PF (2014)

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

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)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here N/A

c 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? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		383,781.	84,811.	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
KARA WILLIAMS - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	SENIOR PROGRAM OFFICER 40.00	82,184.	13,328.	0.
CAROL QUARANTILLO - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	DIRECTOR OF FINANCE AND ADMIN. 40.00	70,362.	10,636.	0.
MONICA BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	75,385.	3,533.	0.
CHRISTIAN REITLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	75,923.	2,930.	0.
KATHERINE MCLAUGHLIN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	COMMUNICATIONS DIRECTOR 40.00	70,781.	6,202.	0.
Total number of other employees paid over \$50,000				1

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
THE RED GROUP LLC PO BOX 35150, SYRACUSE, NY 13235	CONSULTANT FEES	78,850.
CATALYST RESEARCH LLC 25 BLOOMFIELD AVE, DEPEW, NY 14043	CONSULTANT FEES	77,384.
WILSON HUGHES CONSULTING LLC 2100 HUMBOLDT ST #302, DENVER, CO 80205	CONSULTANT FEES	77,338.
LISA PAYNE SIMON 76 BRANTWOOD ROAD, ARLINGTON, MA 02476	CONSULTANT FEES	71,725.
CHRISTINE R. KLOTZ 1432 PALM GRASS PASS, WAUNAKEE, WI 53597	CONSULTANT FEES	64,903.
Total number of others receiving over \$50,000 for professional services		1

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 14	381,060.
2 SEE STATEMENT 15	328,012.
3 SEE STATEMENT 16	76,828.
4 SEE STATEMENT 17	76,433.

Part IX-B Summary of Program-Related Investments

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

HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	121,403,634.
b	Average of monthly cash balances	1b	888,964.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	122,292,598.
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	122,292,598.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,834,389.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	120,458,209.
6	Minimum investment return. Enter 5% of line 5	6	6,022,910.

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

1	Minimum investment return from Part X, line 6	1	6,022,910.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	116,783.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	116,783.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,906,127.
4	Recoveries of amounts treated as qualifying distributions	4	177,952.
5	Add lines 3 and 4	5	6,084,079.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,084,079.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	5,854,352.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	118,608.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,972,960.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	116,783.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,856,177.

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

HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				6,084,079.
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only			5,588,491.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 5,972,960.				
a Applied to 2013, but not more than line 2a			5,588,491.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				384,469.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				5,699,610.
7 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.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, 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) 2014	(b) 2013	(c) 2012	(d) 2011	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, 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 X, 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 XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

SEE STATEMENT 18

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

c Any submission deadlines:

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

HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK

Form 990-PF (2014)

22-3804398 Page 11

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE ATTACHMENT - TAB D				2,635,730.
Total			3a	2,635,730.
b Approved for future payment				
SEE ATTACHMENT - TAB E				1,802,864.
Total			3b	1,802,864.

Part XVI-A Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
Enter gross amounts unless otherwise indicated.					
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,701,210.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			18	22,411.	
8 Gain or (loss) from sales of assets other than inventory			18	8,736,719.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					92,809.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		10,460,340.	92,809.
13 Total. Add line 12, columns (b), (d), and (e)			13		10,553,149.

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

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

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

Table with 3 columns: Question (1, a, b, c, d), Yes, No. Contains questions about engagement with other organizations and various transactions.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instr.)? [X] Yes [] No

Paid Preparer Use Only Print/Type preparer's name: MICHAEL J. GRIMALDI; Preparer's signature; Date; Check [] if self-employed; PTIN: P01295846; Firm's name: LUMSDEN & MCCORMICK, LLP; Firm's EIN: 16-0765486; Firm's address: 369 FRANKLIN STREET, BUFFALO, NY 14202; Phone no.: (716)856-3300

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

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

2014

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

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

Employer identification number
22-3804398

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

Part I Required Annual Payment

1	Total tax (see instructions)	1	116,783.
2 a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c	Credit for federal tax paid on fuels (see instructions)	2c	
d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	116,783.
4	Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	71,132.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	71,132.

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 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/14	06/15/14	09/15/14	12/15/14
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	5,920.	23,343.		25,866.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	10,704.	23,000.		24,000.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12		4,784.	4,441.	4,441.
13 Add lines 11 and 12	13		27,784.	4,441.	28,441.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	10,704.	27,784.	4,441.	28,441.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.		
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	4,784.	4,441.	4,441.	

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.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2014)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 0.

* 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. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "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
1	Enter taxable income for the following periods:				
	a Tax year beginning in 2011	1a			
	b Tax year beginning in 2012	1b			
	c Tax year beginning in 2013	1c			
2	Enter taxable income for each period for the tax year beginning in 2014 (see instructions for the treatment of extraordinary items).	2			
3	Enter taxable income for the following periods:		First 4 months	First 6 months	First 9 months
	a Tax year beginning in 2011	3a			Entire year
	b Tax year beginning in 2012	3b			
	c Tax year beginning in 2013	3c			
4	Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4			
5	Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5			
6	Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6			
7	Add lines 4 through 6	7			
8	Divide line 7 by 3.0	8			
9a	Divide line 2 by line 8	9a			
	b Extraordinary items (see instructions)	9b			
	c Add lines 9a and 9b	9c			
10	Figure the tax on the amt on ln 9c using the instr for Form 1120, Sch J, ln 2 (or comparable ln of corp's return) ...	10			
11a	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a			
11b	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b			
11c	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c			
12	Add lines 11a through 11c	12			
13	Divide line 12 by 3.0	13			
14	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14			
15	Enter any alternative minimum tax for each payment period (see instructions)	15			
16	Enter any other taxes for each payment period (see instr)	16			
17	Add lines 14 through 16	17			
18	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)	18			
19	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19			

**

Part II - Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months
20	Annualization periods (see instructions)				
21	Enter taxable income for each annualization period (see instructions for the treatment of extraordinary items) ...	394,632.	1,463,157.	1,183,894.	4,134,714.
22	Annualization amounts (see instructions)	6.000000	4.000000	2.000000	1.333330
23a	Annualized taxable income. Multiply line 21 by line 22 ...	2,367,792.	5,852,628.	2,367,788.	5,512,938.
	b Extraordinary items (see instructions)				
	c Add lines 23a and 23b	2,367,792.	5,852,628.	2,367,788.	5,512,938.
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)	23,678.	58,526.	23,678.	55,129.
25	Enter any alternative minimum tax for each payment period (see instructions)				
26	Enter any other taxes for each payment period (see instr)				
27	Total tax. Add lines 24 through 26	23,678.	58,526.	23,678.	55,129.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	23,678.	58,526.	23,678.	55,129.
30	Applicable percentage	25%	50%	75%	100%
31	Multiply line 29 by line 30	5,920.	29,263.	17,759.	55,129.

Part III - Required Installments

		1st installment	2nd installment	3rd installment	4th installment
Note: 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 smaller of the amounts in each column from line 19 or line 31	5,920.	29,263.	17,759.	55,129.
33	Add the amounts in all preceding columns of line 38 (see instructions)		5,920.	29,263.	29,263.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- ...	5,920.	23,343.	0.	25,866.
35	Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	17,783.	40,609.	29,196.	29,196.
36	Subtract line 38 of the preceding column from line 37 of the preceding column		11,863.	29,129.	58,325.
37	Add lines 35 and 36	17,783.	52,472.	58,325.	87,521.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions)	5,920.	23,343.	0.	25,866.

Form 2220 (2014)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD	
VARIOUS PUBLICLY TRADED SECURITIES	PURCHASED		VARIOUS	VARIOUS	
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	21,054,469.	18,726,350.	0.	0.	2,328,119.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED		DATE ACQUIRED	DATE SOLD	
SEE TAB B	PURCHASED		VARIOUS	VARIOUS	
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	17,542,542.	11,414,679.	0.	0.	6,127,863.

CAPITAL GAINS DIVIDENDS FROM PART IV					280,737.
TOTAL TO FORM 990-PF, PART I, LINE 6A					8,736,719.

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
VARIOUS INVESTMENTS PER BOOKS (SEE TAB B	680,367.	0.	680,367.	680,367.	
VARIOUS INVESTMENTS PER BOOKS (SEE TAB B	280,737.	280,737.	0.	0.	
VARIOUS INVESTMENTS PER BOOKS (SEE TAB B	1,020,843.	0.	1,020,843.	1,761,049.	
TO PART I, LINE 4	1,981,947.	280,737.	1,701,210.	2,441,416.	

FORM 990-PF	OTHER INCOME		STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME - PRI	22,411.	22,411.		
RETURNED GRANT FUNDS	92,809.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	115,220.	22,411.		

FORM 990-PF	LEGAL FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,841.	0.		3,841.
TO FM 990-PF, PG 1, LN 16A	3,841.	0.		3,841.

FORM 990-PF	ACCOUNTING FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	17,300.	4,325.		12,975.
TO FORM 990-PF, PG 1, LN 16B	17,300.	4,325.		12,975.

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	767,518.	767,518.		0.
EVALUATION CONSULTANTS	426,595.	0.		426,595.
PROGRAM CONSULTANTS	866,491.	0.		866,491.
TO FORM 990-PF, PG 1, LN 16C	2,060,604.	767,518.		1,293,086.

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	94,687.	0.			0.
SEE TAB B	0.	55,869.			0.
TO FORM 990-PF, PG 1, LN 18	94,687.	55,869.			0.

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TELEPHONE/ELECTRONIC COMMUNICATION	150,688.	0.		150,688.	
OFFICE EXPENSE	84,750.	0.		83,250.	
INSURANCE	3,630.	0.		3,630.	
CHF SPONSORED EVENTS	66,616.	0.		66,616.	
MAINTENANCE EXPENSE	35,871.	0.		35,871.	
MISCELLANEOUS EXPENSE	8,758.	0.		8,758.	
NYS FILING FEES	1,500.	0.		1,500.	
MEMBERSHIP DUES	7,815.	0.		7,815.	
SEE TAB B	0.	13,096.		0.	
TO FORM 990-PF, PG 1, LN 23	359,628.	13,096.		358,128.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
CORPORATE STOCK-SEE TAB A	25,246,341.	25,246,341.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	25,246,341.	25,246,341.		

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 10	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PARTNERSHIPS AND COMMON TRUST FUNDS -SEE TAB A	FMV	83,063,766.	83,063,766.
FIXED INCOME-SEE TAB A	FMV	10,444,457.	10,444,457.
TOTAL TO FORM 990-PF, PART II, LINE 13		93,508,223.	93,508,223.

FORM 990-PF	OTHER ASSETS	STATEMENT 11	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION PROGRAM RELATED INVESTMENT	139,832.	189,167.	189,167.
	587,016.	501,873.	501,873.
TO FORM 990-PF, PART II, LINE 15	726,848.	691,040.	691,040.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 12	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DEFERRED COMPENSATION LIABILITY		139,832.	189,167.
TOTAL TO FORM 990-PF, PART II, LINE 22		139,832.	189,167.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MELVA D. VISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
DENISE DUNFORD, DNS, FNP, RN 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MARILYN J. BAADER 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
VINCENT J. MANCUSO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 4.00	0.	0.	0.
ARTHUR R. GOSHIN, MD, MPH 726 EXCHANGE STREET, SUITE 518 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
EUGENE MEEKS 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
RAY D'AGOSTINO 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
SALLY BERRY 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
C. ANTHONY RIDER, CPA 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 8.00	0.	0.	0.
CHERYL SMITH FISHER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JOANNE HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.

PATRICIA J. NUMANN, MD 727 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
DAVID A. MILLING, MD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ANN F. MONROE 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	235,627.	70,359.	0.
MICHAEL SHAFFER 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LISA D. ALFORD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
LEOLA RODGERS, MPH 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
L. THOMAS WOLFF, MD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	CHAIR 4.00	0.	0.	0.
JOSEPH J. COZZO, MA, MS, LMHC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE CHAIR 4.00	0.	0.	0.
ANGEL GUTIERREZ, MD, FACP 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
THEODORE J. SCALLON 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
AMBER SLICHTA 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT 40.00	148,154.	14,452.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>383,781.</u>	<u>84,811.</u>	<u>0.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 14

ACTIVITY ONE

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

EXPENSES

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

381,060.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

ACTIVITY TWO

FALLS PREVENTION - FALLS PREVENTION IS A COLLABORATIVE TO BENEFIT OLDER ADULTS. THE PROJECT IS TEAMING UP LOCAL AND REGIONAL AGENCIES AND ELDER CARE AGENCIES TO FORGE THE FALLS PREVENTION CONSORTIUM.

EXPENSES

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

328,012.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 16

ACTIVITY THREE

HELP ME GROW - A FREE RESOURCE CONNECTING FAMILIES IN ERIE AND NIAGARA COUNTIES TO COMMUNITY RESOURCES AND CHILD DEVELOPMENT INFORMATION. HELP ME GROW WESTERN NEW YORK OFFERS (1) INFORMATION ON GENERAL CHILD DEVELOPMENT AND PARENTING TOPICS; (2) REFERRALS TO COMMUNITY RESOURCES, SUCH AS EARLY INTERVENTION AGENCIES, FAMILY THERAPY, LITERACY SUPPORT, MENTORING AND TUTORING PROGRAMS, PARENTING CLASSES, RECREATIONAL OPPORTUNITIES, AND MORE; (3) DEVELOPMENTAL SCREENING QUESTIONNAIRES; (4) THE AGES AND STAGES QUESTIONNAIRE (ASQ) FOR CHILDREN AGES 0 TO 5 YEARS; (5) PERSONALIZED CARE COORDINATION TO ENSURE THAT FAMILIES

SUCCESSFULLY CONNECT WITH RESOURCES; AND (6) DEVELOPMENTAL
ACTIVITIES FOR PARENTS TO USE AT HOME.

EXPENSES

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

76,828.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY FOUR

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

EXPENSES

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

76,433.

FORM 990-PF

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

STATEMENT 18

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

AMBER L. SLICHTA
726 EXCHANGE STREET, SUITE 518
BUFFALO, NY 14210TELEPHONE NUMBER

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

SUBMISSION DEADLINES VARY BASED ON THE PROJECT. SEE FOUNDATION WEBSITE AT
WWW.HFWCNY.ORG FOR ADDITIONAL INFORMATION

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK	Employer identification number (EIN) or 22-3804398
	Number, street, and room or suite no. If a P.O. box, see instructions. 726 EXCHANGE STREET, NO. 518	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14210-1485	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CAROL L. QUARANTILLO

• The books are in the care of **726 EXCHANGE STREET, SUITE 518 - BUFFALO, NY 14210-1485**

Telephone No. **716-852-3030**

Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 16, 2015**.

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD PARTY INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	97,704.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	97,704.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2014
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2014 and Ending (mm/dd/yyyy) 12/31/2014		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: HEALTH FOUNDATION FOR WESTERN & CENTRAL	Employer Identification Number (EIN): 22-3804398
	Mailing Address: 726 EXCHANGE STREET, NO. 518	NY Registration Number: 07-09-62
	City / State / ZIP: BUFFALO, NY 14210-1485	Telephone: 716 881-5600
	Website: WWW.HFWCNY.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input checked="" type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>AMBER SLICHTA</u>	Print Name and Title	Date
	Signature	<u>VICE PRESIDENT</u>	
Chief Financial Officer or Treasurer:	<u>VINCENT J. MANCUSO</u>	Print Name and Title	Date
	Signature	<u>TREASURER</u>	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,500.</u>	Make a single-check or money order payable to: "Department of Law"
---	----------------------------	--------------------------------------	--------------------------------	--

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- IRS Form 990-T if applicable

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you marked the 7A exemption in Part 3a
- \$25, if you did not mark the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you marked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my organization a 7A, EPTL or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271