

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

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

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2017

Open to Public Inspection

For calendar year 2017 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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		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) ▶ \$ 127,904,137.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	
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 (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	2,528,075.	2,859,920.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,566,054.			STATEMENT 1
	b Gross sales price for all assets on line 6a	34,214,599.			
	7 Capital gain net income (from Part IV, line 2)		6,130,972.		
	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	34,063.	11,709.		STATEMENT 3	
12 Total. Add lines 1 through 11	5,128,192.	9,002,601.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	444,992.	0.		444,992.
	14 Other employee salaries and wages	538,460.	0.		538,460.
	15 Pension plans, employee benefits	151,785.	0.		151,785.
	16a Legal fees STMT 4	5,064.	0.		5,064.
	b Accounting fees STMT 5	18,300.	4,575.		13,725.
	c Other professional fees STMT 6	1,898,072.	756,792.		1,141,280.
	17 Interest				
	18 Taxes STMT 7	96,739.	86,651.		0.
	19 Depreciation and depletion	51,375.	0.		
	20 Occupancy	112,230.	0.		112,230.
	21 Travel, conferences, and meetings	333,105.	0.		333,105.
	22 Printing and publications	40,549.	0.		40,549.
	23 Other expenses STMT 8	444,007.	65,353.		444,007.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,134,678.	913,371.		3,225,197.
	25 Contributions, gifts, grants paid	2,363,522.			2,363,522.
26 Total expenses and disbursements. Add lines 24 and 25	6,498,200.	913,371.		5,588,719.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	<1,370,008.>				
b Net investment income (if negative, enter -0-)		8,089,230.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

Form 990-PF (2017)

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	303,809.	154,961.	154,961.
	2 Savings and temporary cash investments	261,669.	3,257,099.	3,257,099.
	3 Accounts receivable ▶ 5,146.			
	Less: allowance for doubtful accounts ▶	15,404.	5,146.	5,146.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	23,466,181.	21,195,037.	21,195,037.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	89,234,370.	102,611,087.	102,611,087.	
14 Land, buildings, and equipment: basis ▶ 491,274.				
Less: accumulated depreciation ▶ 311,070.	212,312.	180,204.	180,204.	
15 Other assets (describe ▶ STATEMENT 11)	604,193.	500,603.	500,603.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	114,097,938.	127,904,137.	127,904,137.	
Liabilities	17 Accounts payable and accrued expenses	19,000.	47,000.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 12)	282,093.	273,920.	
	23 Total liabilities (add lines 17 through 22)	301,093.	320,920.	
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	113,796,845.	127,583,217.	
	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	113,796,845.	127,583,217.		
31 Total liabilities and net assets/fund balances	114,097,938.	127,904,137.		

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	113,796,845.
2 Enter amount from Part I, line 27a	2	<1,370,008.>
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS ON INVESTMENTS	3	15,156,380.
4 Add lines 1, 2, and 3	4	127,583,217.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	127,583,217.

Form **990-PF** (2017)

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

Form 990-PF (2017)

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.)
1a PUBLICLY TRADED INVESTMENTS	P	VARIOUS	VARIOUS
b NONPUBLICLY TRADED INVESTMENTS	P	VARIOUS	VARIOUS
c PASSED THROUGH K-1S	P	VARIOUS	VARIOUS
d CAPITAL GAINS DIVIDENDS			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 14,873,445.		13,447,449.	1,425,996.
b 18,958,238.		18,201,096.	757,142.
c		<3,564,918.>	3,564,918.
d 382,916.			382,916.
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			1,425,996.
b			757,142.
c			3,564,918.
d			382,916.
e			

2 Capital gain net income or (net capital loss)	<div> <div> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>	2	6,130,972.
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	<div> <div> If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 </div> </div>	3	N/A

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	5,854,361.	109,897,074.	.053271
2015	5,784,080.	115,975,430.	.049873
2014	5,856,177.	120,458,209.	.048616
2013	5,292,642.	115,780,290.	.045713
2012	4,880,700.	104,071,991.	.046897

2 Total of line 1, column (d)	2	.244370
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.048874
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	119,695,686.
5 Multiply line 4 by line 3	5	5,850,007.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	80,892.
7 Add lines 5 and 6	7	5,930,899.
8 Enter qualifying distributions from Part XII, line 4 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.	8	5,607,986.

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

Form 990-PF (2017)

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 type="checkbox"/> and enter 1% of Part I, line 27b		1	161,785.
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	161,785.
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	161,785.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 40,000.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 69,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	109,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	331.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	53,116.
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 2018 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?	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 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.	1b	X
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. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	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? 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? N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	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?	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 XV	7	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. NY		
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

Form 990-PF (2017)

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

Form 990-PF (2017)

22-3804398

Page 5

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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? Website address WWW.HFWCNY.ORG	13	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 2017, 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. If "Yes," enter the name of the foreign country	16	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	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 2017?	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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <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.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 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 2017.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	X

Form 990-PF (2017)

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

Organizations relying on a current notice regarding disaster assistance, check here ☐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 ☒ Nob 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 ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No N/A**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		429,764.	15,228.	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
MONICA BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER	94,193.	14,898.	0.
DIANE OYLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER	94,969.	9,389.	0.
KATHERINE MCLAUGHLIN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	DIRECTOR OF COMMUNICATIONS	84,115.	8,640.	0.
LISA FASOLO FRISHMAN - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY 13202	SENIOR PROGRAM OFFICER	72,486.	2,450.	0.
CORALIE BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	GRANTS MANAGER	63,309.	4,144.	0.
Total number of other employees paid over \$50,000				0

Form 990-PF (2017)

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
CATALYST RESEARCH LLC 25 BLOOMFIELD AVE, DEPEW, NY 14043	CONSULTANT FEES	92,818.
RIVETER LLC 190 LAWRENCE PLACE, ORCHARD PARK, NY 14127	CONSULTANT FEES	66,036.
NANCY BLASCHAK 8822 VIOLET PARKWAY, EDEN, NY 14057	PROGRAM IMPLEMENTATION ADVIS	65,000.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 14	557,353.
2 SEE STATEMENT 15	259,050.
3 SEE STATEMENT 16	565,142.
4 SEE STATEMENT 17	429,277.

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**

Form 990-PF (2017)

22-3804398 Page 8

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	120,842,153.
b	Average of monthly cash balances	1b	676,310.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	121,518,463.
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	121,518,463.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,822,777.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	119,695,686.
6	Minimum investment return. Enter 5% of line 5	6	5,984,784.

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	5,984,784.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 161,785.		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	161,785.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,822,999.
4	Recoveries of amounts treated as qualifying distributions	4	117,771.
5	Add lines 3 and 4	5	5,940,770.
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	5,940,770.

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	5,588,719.
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	19,267.
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	5,607,986.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,607,986.

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.

Form **990-PF** (2017)

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

Form 990-PF (2017)

22-3804398 Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,940,770.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			5,423,587.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 5,607,986.				
a Applied to 2016, but not more than line 2a ...			5,423,587.	
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 2017 distributable amount				184,399.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (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 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				5,756,371.
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 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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

Form 990-PF (2017)

22-3804398 Page 10

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 2017, 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				Prior 3 years	(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014		
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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

SEE STATEMENT 18

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

c Any submission deadlines:

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

HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK

Form 990-PF (2017)

22-3804398 Page 11

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or 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
a Paid during the year				
SEE ATTACHMENT - TAB D				2,363,522.
Total			3a	2,363,522.
b Approved for future payment				
SEE ATTACHMENT - TAB E				882,503.
Total			3b	882,503.

Form 990-PF (2017)

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




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

[illegible]

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

b If "Yes," complete the following schedule.

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below? See instr. <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
	 Signature of officer or trustee			Date		 PRESIDENT Title	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHAEL J. GRIMALDI				11/09/18		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	

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 1	Grant Amount	Date of Grant	Amount Expended	Verification Date
CATHY J BERRY, MD, PC 101 PINE STREET SYRACUSE, NY 13210		25,000.	04/20/15	25,000.	
Purpose of Grant MIDWIFERY SERVICES FOR LOW-INCOME WOMEN IN WESTERN AND CENTRAL NEW YORK					
Date of Reports by Grantee		Diversions by Grantee			
9/17/2015; 3/23/2016; 11/18/2016; 4/3/2017					
Results of Verification					

Recipient's Name and Address	NO. 2	Grant Amount	Date of Grant	Amount Expended	Verification Date
WOMEN'S HEALTH OF WESTERN NEW YORK 130 S UNION STREET #7 OLEAN, NY 14760		25,000.	11/24/15	11,533.	
Purpose of Grant MIDWIFERY SERVICES FOR LOW-INCOME WOMEN IN WESTERN AND CENTRAL NEW YORK					
Date of Reports by Grantee		Diversions by Grantee			
3/31/2017					
Results of Verification					

Form 990-PF, Part VII-B, Line 5c - Expenditure Responsibility Statement

Recipient's Name and Address	NO. 3	Grant Amount	Date of Grant	Amount Expended	Verification Date
WECGOD, LLC 107 MARIGOLD AVENUE BUFFALO, NY 14215		2,400.	11/01/16	2,400.	
Purpose of Grant DISTRIBUTION OF HEALTHY FOOD TO THE UNDERSERVED CHILDREN IN THEIR DAYCARE CENTER.					
Date of Reports by Grantee		Diversions by Grantee			
6/16/2017					
Results of Verification					

Recipient's Name and Address	Grant Amount	Date of Grant	Amount Expended	Verification Date
Purpose of Grant				
Date of Reports by Grantee		Diversions by Grantee		
Results of Verification				

Underpayment of Estimated Tax by Corporations

▶ Attach to the corporation's tax return.

FORM 990-PF**2017**▶ Go to www.irs.gov/Form2220 for instructions and the latest information.Name **HEALTH FOUNDATION FOR WESTERN &
CENTRAL NEW YORK**Employer identification number
22-3804398

Note: Generally, the corporation isn't 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	161,785.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	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 doesn't owe the penalty	3	161,785.
4	Enter the tax shown on the corporation's 2016 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	38,117.
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	38,117.

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 doesn't 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	05/15/17	06/15/17	09/15/17	12/15/17
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	9,529.	3,548.	3,708.	13,011.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				40,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				40,000.
14 Add amounts on lines 16 and 17 of the preceding column	14		9,529.	13,077.	16,785.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	23,215.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		9,529.	13,077.	
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	9,529.	3,548.	3,708.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
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 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$...	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$...	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018 ...	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	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 6/30/2018 and before 10/1/2018 ...	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 9/30/2018 and before 1/1/2019	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 12/31/2018 and before 3/16/2019 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	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			
		\$		331.

* 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 2014	1a				
b Tax year beginning in 2015	1b				
c Tax year beginning in 2016	1c				
2 Enter taxable income for each period for the tax year beginning in 2017. See the 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	Entire year
a Tax year beginning in 2014	3a				
b Tax year beginning in 2015	3b				
c Tax year beginning in 2016	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, line 2 or comparable line of corp's return ...	10				
11a Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c				
12 Add lines 11a through 11c	12				
13 Divide line 12 by 3.0	13				
14 Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax 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)	20				
21 Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21	563,796.	326,911.	559,499.	1,117,347.
22 Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
23a Annualized taxable income. Multiply line 21 by line 22 ..	23a	3,382,776.	1,307,644.	1,118,998.	1,489,792.
b Extraordinary items (see instructions)	23b				
c Add lines 23a and 23b	23c	3,382,776.	1,307,644.	1,118,998.	1,489,792.
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	67,656.	26,153.	22,380.	29,796.
25 Enter any alternative minimum tax 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	67,656.	26,153.	22,380.	29,796.
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	67,656.	26,153.	22,380.	29,796.
30 Applicable percentage	30	25%	50%	75%	100%
31 Multiply line 29 by line 30	31	16,914.	13,077.	16,785.	29,796.

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	32	16,914.	13,077.	16,785.	29,796.
33 Add the amounts in all preceding columns of line 38. See instructions	33		9,529.	13,077.	16,785.
34 Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- ..	34	16,914.	3,548.	3,708.	13,011.
35 Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	9,529.	71,363.	40,446.	40,447.
36 Subtract line 38 of the preceding column from line 37 of the preceding column	36			67,815.	104,553.
37 Add lines 35 and 36	37	9,529.	71,363.	108,261.	145,000.
38 Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38	9,529.	3,548.	3,708.	13,011.

Form 2220 (2017)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK					Identifying Number 22-3804398
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/17	9,529.	9,529.	31	.000109589	32.
06/15/17	3,548.	13,077.	92	.000109589	132.
09/15/17	3,708.	16,785.	91	.000109589	167.
12/15/17	13,011.	29,796.			
12/15/17	<40,000.>	<10,204.>			
03/31/18	0.	<10,204.>	45	.000136986	
Penalty Due (Sum of Column F).					331.

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

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

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICLY TRADED INVESTMENTS					
	14,873,445.	13,447,449.	0.	0.	1,425,996.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
NONPUBLICLY TRADED INVESTMENTS					
	18,958,238.	18,201,096.	0.	0.	757,142.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PASSED THROUGH K-1S					
	0.	0.	0.	0.	0.

CAPITAL GAINS DIVIDENDS FROM PART IV 382,916.

TOTAL TO FORM 990-PF, PART I, LINE 6A 2,566,054.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
NONPUBLICLY TRADED INVESTMENTS	1,778,186.	0.	1,778,186.	2,110,031.		
PUBLICLY TRADED INVESTMENTS	382,916.	382,916.	0.	0.		
PUBLICLY TRADED INVESTMENTS	749,889.	0.	749,889.	749,889.		
TO PART I, LINE 4	2,910,991.	382,916.	2,528,075.	2,859,920.		

FORM 990-PF	OTHER INCOME			STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
INTEREST INCOME - PRI	11,709.	11,709.			
RETURNED GRANT FUNDS	22,354.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	34,063.	11,709.			

FORM 990-PF	LEGAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	5,064.	0.		5,064.	
TO FM 990-PF, PG 1, LN 16A	5,064.	0.		5,064.	

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	18,300.	4,575.		13,725.	
TO FORM 990-PF, PG 1, LN 16B	18,300.	4,575.		13,725.	

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	756,792.	756,792.		0.	
EVALUATION CONSULTANTS	612,898.	0.		612,898.	
PROGRAM CONSULTANTS	528,382.	0.		528,382.	
TO FORM 990-PF, PG 1, LN 16C	1,898,072.	756,792.		1,141,280.	

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	96,739.	0.		0.	
PASSED THROUGH K-1	0.	86,651.		0.	
TO FORM 990-PF, PG 1, LN 18	96,739.	86,651.		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	84,553.	0.		84,553.	
OFFICE EXPENSE	220,558.	0.		220,558.	
INSURANCE	3,992.	0.		3,992.	
SPONSORED EVENTS	83,405.	0.		83,405.	
MAINTENANCE EXPENSE	29,701.	0.		29,701.	
MISCELLANEOUS EXPENSE	4,907.	0.		4,907.	
NYS FILING FEES	1,500.	0.		1,500.	
MEMBERSHIP DUES	15,391.	0.		15,391.	
PASSED THROUGH K-1	0.	65,353.		0.	
TO FORM 990-PF, PG 1, LN 23	444,007.	65,353.		444,007.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	9
DESCRIPTION	BOOK VALUE		FAIR MARKET VALUE	
CORPORATE STOCK-SEE TAB A	21,195,037.		21,195,037.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	21,195,037.		21,195,037.	

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
PARTNERSHIPS AND COMMON TRUST FUNDS -SEE TAB A	FMV	87,845,694.	87,845,694.	
FIXED INCOME-SEE TAB A	FMV	14,765,393.	14,765,393.	
TOTAL TO FORM 990-PF, PART II, LINE 13		102,611,087.	102,611,087.	

FORM 990-PF	OTHER ASSETS		STATEMENT 11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION	282,093.	273,920.	273,920.
PROGRAM RELATED INVESTMENT	322,100.	226,683.	226,683.
TO FORM 990-PF, PART II, LINE 15	604,193.	500,603.	500,603.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED COMPENSATION LIABILITY	282,093.	273,920.	
TOTAL TO FORM 990-PF, PART II, LINE 22	282,093.	273,920.	

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH J. COZZO, MA, MS, LMHC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	BOARD CHAIR 4.00	0.	0.	0.
LEOLA RODGERS, MPH 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	VICE CHAIR 4.00	0.	0.	0.
RAY D'AGOSTINO 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	SECRETARY 4.00	0.	0.	0.
VINCENT J. MANCUSO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TREASURER 4.00	0.	0.	0.

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.
CARRIE FRANK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ARTHUR R. GOSHIN, MD, MPH 726 EXCHANGE STREET, SUITE 518 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.
ANN ZIEGLER SEDORE 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	TRUSTEE 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 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
DAVID A. MILLING, MD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
ROBERT DELORME, MD 100 CLINTON SQ, 126 N. SALINA ST, 3RD FLOOR SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.

MICHAEL D. SHAFFER, CPA	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST,				
3RD FLOOR	4.00	0.	0.	0.
SYRACUSE, NY 13202				
LISA D. ALFORD	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST,				
3RD FLOOR	4.00	0.	0.	0.
SYRACUSE, NY 13202				
LEANNE F. FISCOE	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST,				
3RD FLOOR	4.00	0.	0.	0.
SYRACUSE, NY 13202				
DAVID FELTON	TRUSTEE			
100 CLINTON SQ, 126 N. SALINA ST,				
3RD FLOOR	4.00	0.	0.	0.
SYRACUSE, NY 13202				
NORA OBRIEN-SURIC, PH.D.	PRESIDENT (EFF. 1/1/17)			
726 EXCHANGE STREET, SUITE 518	40.00	186,058.	595.	0.
BUFFALO, NY 14210				
ANN F. MONROE	PRESIDENT (THRU 12/31/16)			
726 EXCHANGE STREET, SUITE 518	40.00	104,124.	4,120.	0.
BUFFALO, NY 14210				
CAROL QUARANTILLO	VICE PRESIDENT OF FINANCE & OPS			
726 EXCHANGE STREET, SUITE 518	40.00	139,582.	10,513.	0.
BUFFALO, NY 14210				
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		429,764.	15,228.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	14
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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

557,353.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	15
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ACTIVITY TWO

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

EXPENSES

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

259,050.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	16
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ACTIVITY THREE

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

EXPENSES

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

565,142.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY FOUR

MATERNAL CHILD HEALTH - THIS PROGRAM IS DESIGNED TO IMPROVE THE HEALTH AND HEALTH CARE OF CHILDREN UP TO AGE ONE AND WOMEN OF CHILD BEARING AGE IMPACTED BY POVERTY, WITH A STRONG EMPHASIS ON AREAS WITH HIGH RISK OF POOR MATERNAL AND CHILD HEALTH OUTCOMES - 'HOT SPOT' NEIGHBORHOODS AND INCLUDES THREE STRATEGIES: 1.) EXPANSION OF MIDWIFERY - SUPPORT THE DEVELOPMENT AND GROWTH OF MIDWIFERY SERVICES FOR LOW INCOME WOMEN IN WESTERN AND CENTRAL NEW YORK; 2.) MATERNAL CHILD HEALTH SYSTEMS IMPROVEMENT - SUPPORT IMPROVEMENTS TO CURRENT MATERNAL AND CHILD HEALTH SERIES IN HIGH RISK 'HOT SPOT' COMMUNITIES IN WESTERN AND CENTRAL NEW YORK; 3.) FACILITATED COORDINATION - PROVIDE PROFESSIONAL FACILITATION AND TECHNICAL ASSISTANCE TO HEALTH AND HUMAN SERVICE PROVIDERS IN ONEIDA COUNTY TO SUPPORT COORDINATION OF SERVICES FOR YOUNG CHILDREN AND FAMILIES.

EXPENSES

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

429,277.

FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT	18
	PART XV, LINES 2A THROUGH 2D		

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed		Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK		D Employer identification number (Employees' trust, see instructions.) 22-3804398
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)			Number, street, and room or suite no. If a P.O. box, see instructions. 726 EXCHANGE STREET, NO. 518		E Unrelated business activity codes (See instructions.) 523000
			City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14210-1485		
C Book value of all assets at end of year 127,904,137.			F Group exemption number (See instructions.) ▶		
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 19					
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶					
J The books are in care of ▶ CAROL L. QUARANTILLO Telephone number ▶ 716-852-3030					

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)			2		
3	Gross profit. Subtract line 2 from line 1c			3		
4a	Capital gain net income (attach Schedule D)			4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4b		
c	Capital loss deduction for trusts			4c		
5	Income (loss) from partnerships and S corporations (attach statement)			5	<48,721.>	<48,721.>
6	Rent income (Schedule C)			6		
7	Unrelated debt-financed income (Schedule E)			7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			9		
10	Exploited exempt activity income (Schedule I)			10		
11	Advertising income (Schedule J)			11		
12	Other income (See instructions; attach schedule)			12		
13	Total. Combine lines 3 through 12			13	<48,721.>	<48,721.>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	250.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	250.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<48,971.>
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	<48,971.>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	<48,971.>

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

22-3804398

Page 2

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

37 Proxy tax. See instructions

37

38 Alternative minimum tax

38

39 Tax on Non-Compliant Facility Income. See instructions

39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 0.

Part IV Tax and Payments**41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e Total credits. Add lines 41a through 41d

41e

42 Subtract line 41e from line 40

42 0.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

44 Total tax. Add lines 42 and 43

44 0.

45a Payments: A 2016 overpayment credited to 2017

45a

b 2017 estimated tax payments

45b

c Tax deposited with Form 8868

45c 5,000.

d Foreign organizations: Tax paid or withheld at source (see instructions)

45d

e Backup withholding (see instructions)

45e

f Credit for small employer health insurance premiums (Attach Form 8941)

45f

g Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

46 Total payments. Add lines 45a through 45g

46 5,000.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 5,000.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 5,000. Refunded

50 0.

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes No

X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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

Signature of officer

Date

PRESIDENT
Title

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

MICHAEL J. GRIMALDI

11/09/18

P01295846

Firm's name LUMSDEN & MCCORMICK, LLP

Firm's EIN 16-0765486

369 FRANKLIN STREET

Firm's address BUFFALO, NY 14202

Phone no. (716) 856-3300

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **▶ N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **▶**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **▶** 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8		0.	

Form 990-T (2017)

HEALTH FOUNDATION FOR WESTERN &

Form 990-T (2017) **CENTRAL NEW YORK**

22-3804398

Page 4

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Form 990-T (2017)

HEALTH FOUNDATION FOR WESTERN &

Form 990-T (2017) **CENTRAL NEW YORK****22-3804398**Page **5****Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 19
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UNRELATED BUSINESS INCOME IS PASSED THROUGH TO THE FOUNDATION FROM CERTAIN INVESTMENTS.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 20
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PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)
DRUM SPECIAL SITUATIONS PARTNERS IV, LP	0.	51,339.	<51,339.>
LANDMARK EQUITY PARTNERS XVI, LP	3,336.	718.	2,618.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	3,336.	52,057.	<48,721.>

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
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) **0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2017** or► ☐ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	109,000.
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.	3b	\$	40,000.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	69,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

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Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	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) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2017** or
► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	5,000.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	5,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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
28 Liberty Street
New York, NY 10005

2017

Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2017 and Ending (mm/dd/yyyy) 12/31/2017		
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* Confirm 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. The certification requires two signatories.

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:

Signature

NORA OBRIEN-SURIC
PRESIDENT

Print Name and Title

Date

Chief Financial Officer or Treasurer:

Signature

CAROL QUARANTILLO
VP OF FINANCE & OPER

Print Name and Title

Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or 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.

☐ 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.

☐ Yes

☐ 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.

☐ Yes

☒ 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"
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CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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 you 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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

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 \$750,000.
- ☐ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☐ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked 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

Send Your Filing

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

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

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.**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.Confirm 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)).



Department of Taxation and Finance

Request for Six-Month Extension to File

(for franchise/business taxes, MTA surcharge, or both)

Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-17** ending **12-31-17**

Employer identification number (EIN) 22-3804398	File number MM4	Business telephone number 716-852-3030
Legal name of corporation HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK		Trade name / DBA
Mailing name (if different from legal name) and address c/o 726 EXCHANGE STREET, NO. 518 City BUFFALO, NY State ZIP code 14210-1485		State or country of incorporation NEW YORK Date of incorporation 03-16-01 Foreign corporations: date began business in NYS 06-30-13
If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business Information in Form CT-1.		Date received (for Tax Department use only) Audit use

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See instructions for details.)	A.	Payment enclosed 250.
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Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in this box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**
Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that your are being included in a **new** combined group filing a combined return, mark an **X** in the box **C** ☐

D. If this extension request is for the **first** tax year that your are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D** ☐

Computation of estimated franchise tax

1	Franchise tax from the worksheet in Form CT-5-I	1	250.
2			
3			
4	Prepayments of franchise tax (from line 16, column A)	4	
5	Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	250.

Computation of estimated MTA surcharge

6	MTA surcharge from the worksheet in Form CT-5-I	6	
7			
8			
9	Prepayments of MTA surcharge (from line 16, column B)	9	
10	Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11	Total balance due (see instructions)	11	250.

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11-01-17

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300 ...	12		
13a Second installment from Form CT-400	13a		
13b Third installment from Form CT-400	13b		
13c Fourth installment from Form CT-400	13c		
14 Overpayment credited from prior years	14		
15 Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>	15		
16 Total prepayments (total all entries in column A and column B)	16		

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) LUMSDEN & MCCORMICK, LLP		Firm's EIN 16-0765486	Preparer's PTIN or SSN P01295846
	Signature of individual preparing this document <i>M. Grimaldi</i>	Address 369 FRANKLIN STREET	City BUFFALO	State ZIP code NY 14202
	E-mail address of individual preparing this document MGRIMALDI@LUMSDENCPA.COM		Preparer's NYTPRN or Excl. code 03	Date 11-09-18

See instructions for where to file

455002171019

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11-01-17

**CT-2**

Department of Taxation and Finance

Corporation Tax Return Summary**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation

1.	HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK
----	---

Payment
enclosed

2.	
----	--

3 Return type

4 Employer ID number (EIN)

5 File number (FCC)

6 Period beginning date (mm-dd-yy)

7 Period ending date (mm-dd-yy)

8 Amended (Y=1; N=0)

9 Address change (Y=1; N=0)

10 Final (Y=1; N=0)

11 NAICS code

12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)

13 Federal 1120-H filed (Y = 1, N = 0)

14 REIT/RIC indicator (Y = 1, N = 0)

15 Tax due/MTA surcharge

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

17a Return a Gift to Wildlife

17b Breast Cancer Research and Education Fund

17c Prostate and Testicular Cancer Research and Education Fund

17d 9/11 Memorial

17e Volunteer Firefighting & EMS Recruitment Fund

17f Veterans Remembrance

17g Women's Cancers Education and Prevention Fund

17h New York State Veterans' Homes

18 Balance due

19 Amount of overpayment credited to next period - NYS

20 Refund of overpayment

21 Refund of unused tax credits

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

23 Amount of overpayment credited to next period - MTA

24 Amount of MTA surcharge retaliatory tax credit to be refunded

25 Fixed dollar minimum

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

27 New York receipts

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

29 Paid preparer's EIN

30 Preparer's NYTPRIN

31 Excl. code

3.	CT13		
4.	22	3804398	
5.	MM4		
6.	01	01	17
7.	12	31	17
8.	0		
9.	0		
10.			
11.	523000		
12.			
13.			
14.			
15.	250.00		
16.			
17a.			
17b.			
17c.			
17d.			
17e.			
17f.			
17g.			
17h.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.	16	0765486	
30.			
31.	03		

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10-31-17 **1019**

For office use only

Form CT-186-E filers only

32	Excise tax on telecommunication services - NYS	32.	<input type="text"/>	<input type="text"/>
33	Excise tax on mobile telecommunication services subject to the 2.9% rate	33.	<input type="text"/>	<input type="text"/>
34	Total excise tax on telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	Tax on gross income - NYS	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to non-mobile telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge related to telecommunication service subject to the 0.721% tax rate	37.	<input type="text"/>	<input type="text"/>
38	Total MTA surcharge related to telecommunication services	38.	<input type="text"/>	<input type="text"/>
39	MTA surcharge on gross income	39.	<input type="text"/>	<input type="text"/>
40				
41				
42				
43				
44				
45				
46	Balance due - NYS	46.	<input type="text"/>	<input type="text"/>
47	Balance due - MTA	47.	<input type="text"/>	<input type="text"/>
48	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	48.	<input type="text"/>	<input type="text"/>
49	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	49.	<input type="text"/>	<input type="text"/>
50	Overpayment credited to next year's tax - NYS	50.	<input type="text"/>	<input type="text"/>
51	Overpayment credited to next year's tax - MTA	51.	<input type="text"/>	<input type="text"/>
52	Refund of overpayment - NYS	52.	<input type="text"/>	<input type="text"/>
53	Refund of overpayment - MTA	53.	<input type="text"/>	<input type="text"/>
54	Refund of unused tax credits - NYS	54.	<input type="text"/>	<input type="text"/>
55	Refund of unused tax credits - MTA	55.	<input type="text"/>	<input type="text"/>
56	Refundable tax credits to be credited to next year's tax - NYS	56.	<input type="text"/>	<input type="text"/>
57	Refundable tax credits to be credited to next year's tax - MTA	57.	<input type="text"/>	<input type="text"/>

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**CT-13**

Department of Taxation and Finance

**Unrelated Business Income
Tax Return**

All filers enter tax period:

beginning **01-01-17** ending **12-31-17**Amended
return ☐

Tax Law - Article 13

Employer identification number (EIN)

22-3804398

File number

MM4

Business telephone number

716-852-3030If you claim an
overpayment, mark
an **X** in the box ☐

Legal name of corporation

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

Trade name/DBA

Mailing name (if different from legal name above)

c/o

Number and street or PO box

726 EXCHANGE STREET, NO. 518

City

BUFFALO, NY 14210-1485

State

ZIP code

State or country of incorporation

NEW YORK

Date of incorporation

03-16-01Foreign corporations: date began
business in NYS
06-30-13

Date received (for Tax Department use only)

NAICS business code number (from federal return)

523000If address/phone
above is new,
mark an **X** in the box ☐If you need to update your address or
phone information for corporation tax,
or other tax types, you can do so
online. See *Business information*
in Form CT-1.

Audit (for Tax Department use only)

Principal unrelated business activity (see instructions)

SEE STATEMENT 1**Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit****Organization** - Have you filed this New York State application for exemption? (see instructions) Yes ☐ No ☒Mark an **X** in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) ☐Mark an **X** in this box if you ceased operating the unrelated business during the tax year covered by this return
(see section Who must file Form CT-13 in the instructions) ☐**A.** Pay amount shown on line 22. Make payable to: **New York State Corporation Tax**

◀ Attach your payment here. Detach all check stubs. (See instructions for details.)

Payment enclosed

A**Computation of income and tax**

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-48,971.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	250.
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions) • IRC section 199 deduction:	5	
6 Add lines 1 through 5	6	-48,721.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	-48,721.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	-48,721.
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) •	14	-48,721.
15 Tax based on income (multiply line 14 by 9% (.09))	15	0.
16 Minimum tax	16	250. 00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46 •	18	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions) •	20	
21 Late filing and late payment penalties (see instructions) •	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

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

400001171019



Have you been audited by the Internal Revenue Service in the past 5 years?

Yes ☐No ☒

If Yes, list years: _____

Federal return was filed on:

990-T ☒Other: ☐

Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

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

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

Receipts in the regular course of business from:

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

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	05-15-18	250.
44a		
44b		
44c		
45	Amount of overpayment credited from prior years	45
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46

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

Amended return information

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

Final federal determination ☐

If marked, enter date of determination: • _____

Net operating loss (NOL) carryback ☐Capital loss carryback ☐Federal return filed Form 1139 ☐Amended Form 990-T ☐

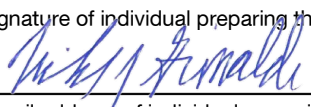
400002171019



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

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

Authorized person	Printed name of authorized person NORA OBRIEN-SURIC	Signature of authorized person	Official title PRESIDENT	
	E-mail address of authorized person		Telephone number	Date

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) LUMSDEN & MCCORMICK, LLP	Firm's EIN 16-0765486	Preparer's PTIN or SSN P01295846	
	Signature of individual preparing this return 	Address City State ZIP code 369 FRANKLIN STREET BUFFALO, NY 14202		
	E-mail address of individual preparing this return MGRIMALDI@LUMSDENCPA.COM	Preparer's NYTPRIN or Excl. code 03	Date 11-09-18	

See instructions for where to file.

400003171019



FORM CT-13

PRINCIPAL UNRELATED BUSINESS ACTIVITY

STATEMENT

1

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

Tab
A

HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK
EIN: 22-3804398
DECEMBER 31, 2017
TAB A

CORPORATE STOCK (EQUITY)

	Book Value	Market Value
Allergan Inc	\$ 149,512	\$ 149,512
Alliance Data Systems Corp	149,807	149,807
Alphabet Inc Cl A	239,122	239,122
Amazon.com Inc	280,673	280,673
American Tower Corp Cl A	181,619	181,619
Aristotle Small Cap Equity I Fund	2,043,627	2,043,627
Celgene Corp	237,523	237,523
Charles Schwab Corp	210,566	210,566
CME Group Inc	228,276	228,276
Cognizant Technology Solutions Corp	250,203	250,203
Ecolab Inc	138,742	138,742
Equinix Inc	165,879	165,879
Facebook Inc - A	257,279	257,279
Harbor Intl Instl	6,994,501	6,994,501
IHS Markit Ltd	157,619	157,619
Illumina Inc	225,919	225,919
Intuitive Surgical Inc	167,507	167,507
Netflix.com Inc.	117,096	117,096
Nike Inc Cl B	180,957	180,957
Nvidia Corp Com	181,890	181,890
Paypal Holdings Inc.	230,210	230,210
Priceline.com Incorporated	243,284	243,284
S&P Global Inc.	209,040	209,040
Vanguard Emg Markets Index	4,376,511	4,376,511
Vanguard Total Intl Stock	3,251,715	3,251,715
Visa Inc	325,960	325,960
	<u>\$ 21,195,037</u>	<u>\$ 21,195,037</u>
	STATEMENT 9	STATEMENT 9

PARTNERSHIPS AND COMMON TRUST FUNDS

	Book Value	Market Value
Seaport Global Property	\$ 6,862,950	\$ 6,862,950
Drake	10,641,034	10,641,034
Drum Special Situation Partners IV	156,732	156,732
Forester Diversified Ltd	8,874,713	8,874,713
Governors Lane Offshore Fund Ltd	1,991,597	1,991,597
Greenspring Global Partners VIII, LP	25,151	25,151
Landmark Equity Partners XVI, LP	(10,470)	(10,470)
RCP Fund XI Cayman Feeder LP	132,254	132,254
RCP Fund XII Cayman Feeder LP	60,000	60,000
Silchester Intl Investors Tobacco Free	18,773,728	18,773,728
SSgA S&P 500 Tobacco Free Index	18,664,438	18,664,438
SSgA Global Large Mid Cap	6,098,282	6,098,282
SSgA S&P Midcap Index - Non Lending 400	8,288,150	8,288,150
Wellington Emerging Markets Local Equity	4,176,291	4,176,291
Wellington SMID Cap Research Equity	3,110,844	3,110,844
	<u>\$ 87,845,694</u>	<u>\$ 87,845,694</u>
	STATEMENT 10	STATEMENT 10

FIXED INCOME

	Book Value	Market Value
T Rowe Price	\$ 6,862,980	6,862,980
Vanguard	1,824,852	1,824,852
Vanguard Intermediate	6,077,561	6,077,561
	<u>\$ 14,765,393</u>	<u>\$ 14,765,393</u>
	STATEMENT 10	STATEMENT 10

Tab B

HEALTH FOUNDATION FOR WESTERN & CENTRAL NEW YORK

EIN: 22-3804398

DECEMBER 31, 2017

TAB B - PART IV, LINE 16

	Part I, Line 4, Column (a)	Part I, Line 4, Column (b)
	Column A Revenue and expenses per books	Column B Net Investment Income
<u>Nonpublicly Traded Securities</u>		
Sale of SSgA 500 Index	77,747	77,747
Sale of Forester	160,522	160,522
Sale of Drake	468,787	468,787
Sale of SSgA Custom Real Asset	(1,166)	(1,166)
Sale of SSgA Midcap 400 NL	51,252	51,252
Total net gain from sale of assets:	<u>757,142</u>	<u>757,142</u>
	Part I, Line 6a, Column (a)	Part I, Line 7, Column (b)

Tab C

HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK
EIN: 22-3804398
TAB C

Asset No.	Description	Depr. Basis	Disposal Price	Accum. Depr.	
Asset ID	Class	In Service Date	Disposal Date	Last Depr. Date	Book Value
Equipment					
55	Video Conferencing Equipment - Buffalo	\$47,194.18	\$0.00	\$47,194.18	\$0.00
55	Equipment	4/8/2011		3/31/2016	
66	Computers	\$2,215.49	\$0.00	\$2,215.49	\$0.00
66	Equipment	5/22/2012		5/31/2017	
69	Monitors and Projector	\$1,518.12	\$0.00	\$1,518.12	\$0.00
69	Equipment	8/22/2012		8/31/2017	
73	Blackbaud Implementation	\$1,750.00	\$0.00	\$1,750.00	\$0.00
73	Equipment	11/15/2012		10/31/2017	
74	Blackbaud Implementation	\$4,153.24	\$0.00	\$4,153.24	\$0.00
74	Equipment	12/15/2012		6/30/2017	
75	RE/FE Software	\$45,453.00	\$0.00	\$32,466.43	\$12,986.57
75	Equipment	1/1/2013		12/31/2017	
76	GE Software	\$42,545.00	\$0.00	\$30,389.29	\$12,155.71
76	Equipment	1/1/2013		12/31/2017	
77	Apple Macbook Air	\$1,492.00	\$0.00	\$1,492.00	\$0.00
77	Equipment	1/1/2013		12/31/2015	
78	MacBook Software	\$231.62	\$0.00	\$231.62	\$0.00
78	Equipment	1/1/2013		12/31/2017	
79	GE Implementation	\$3,555.00	\$0.00	\$2,539.29	\$1,015.71
79	Equipment	1/1/2013		12/31/2017	
80	HP ProBook	\$714.00	\$0.00	\$714.00	\$0.00
80	Equipment	5/2/2013		12/31/2017	
81	Blackbaud Implementation	\$3,060.00	\$0.00	\$2,754.00	\$306.00
81	Equipment	5/31/2013		12/31/2017	
83	Polycorn - Syracuse	\$958.61	\$0.00	\$958.61	\$0.00
83	Equipment	8/1/2013		6/30/2016	
84	Polycorn - Buffalo	\$1,457.39	\$0.00	\$1,457.39	\$0.00
84	Equipment	8/1/2013		6/30/2016	
85	Dell Server	\$4,903.39	\$0.00	\$4,903.39	\$0.00
85	Equipment	8/1/2013		7/31/2016	
86	Dell Sonic Wall	\$1,098.95	\$0.00	\$989.06	\$109.89
86	Equipment	8/1/2013		12/31/2017	
87	hp pRO bOOK	\$837.00	\$0.00	\$837.00	\$0.00
87	Equipment	9/1/2013		6/30/2016	
88	HP Laptop/Docking station	\$1,068.00	\$0.00	\$1,068.00	\$0.00
88	Equipment	1/10/2014		12/31/2016	
89	HP ProBook 4540s	\$825.00	\$0.00	\$825.00	\$0.00
89	Equipment	1/27/2014		12/31/2016	
90	Targus Docking Station and Adapter	\$243.00	\$0.00	\$243.00	\$0.00
90	Equipment	1/27/2014		12/31/2016	
91	Personal Computer - Office Manager	\$619.00	\$0.00	\$619.00	\$0.00
91	Equipment	3/11/2014		6/30/2017	

HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB C

92	Computer Monitors - 6	\$587.18	\$0.00	\$587.18	\$0.00
92	Equipment	3/26/2014		6/30/2017	
95	HP ProBook G1	\$774.00	\$0.00	\$774.00	\$0.00
95	Equipment	9/5/2014		8/31/2017	
96	Terminal Server	\$6,615.40	\$0.00	\$6,615.40	\$0.00
96	Equipment	10/17/2014		9/30/2017	
97	Syracuse Laptop	\$728.00	\$0.00	\$728.00	\$0.00
97	Equipment	12/22/2014		12/31/2017	
98	Replacement UPS	\$950.00	\$0.00	\$950.00	\$0.00
98	Equipment	12/23/2014		12/31/2017	
99	Computer and two monitors	\$1,077.00	\$0.00	\$646.20	\$430.80
99	Equipment	1/14/2015		12/31/2017	
100	Macbook Air 13.3/1.4 GHZ/4 GB	\$0.00	\$666.00	\$0.00	\$0.00
100	Equipment	3/1/2015	7/1/2016	7/1/2016	
101	Computer - Presidents office	\$770.00	\$0.00	\$406.68	\$363.32
101	Equipment	5/1/2015		12/31/2017	
102	Logitech HD Pro Webcams	\$783.42	\$0.00	\$783.42	\$0.00
102	Equipment	7/1/2015		6/30/2017	
103	HP ProBook 665	\$845.00	\$0.00	\$657.22	\$187.78
103	Equipment	9/1/2015		12/31/2017	
104	HP ProBook 655	\$845.00	\$0.00	\$657.22	\$187.78
104	Equipment	9/1/2015		12/31/2017	
105	HP 2012 90W Docking Station	\$245.00	\$0.00	\$190.56	\$54.44
105	Equipment	9/1/2015		12/31/2017	
106	HP 2012 90W Docking Station	\$245.00	\$0.00	\$190.56	\$54.44
106	Equipment	9/1/2015		12/31/2017	
110	HP ProBook 655 G1 15.6" Notebook	\$834.00	\$0.00	\$278.00	\$556.00
110	Equipment	5/1/2016		12/31/2017	
111	HP 2012 230 W Docking Station	\$235.50	\$0.00	\$70.65	\$164.85
111	Equipment	5/31/2016		12/31/2017	
113	Network Switch's for Zultys phone system	\$1,682.79	\$0.00	\$673.12	\$1,009.67
113	Equipment	7/13/2016		12/31/2017	
114	ZULTYS Voip Phone System	\$23,863.00	\$0.00	\$3,579.45	\$20,283.55
114	Equipment	7/20/2016		12/31/2017	
115	HP ProBook 450 G3 15.6" touchscreen notebook	\$865.34	\$0.00	\$408.64	\$456.70
115	Equipment	8/15/2016		12/31/2017	
116	Laptop and Docking station	\$1,030.27	\$0.00	\$486.51	\$543.76
116	Equipment	8/1/2016		12/31/2017	
119	Dell Optiplex 3040 Desktop Computer	\$1,128.63	\$0.00	\$188.11	\$940.52
119	Equipment	1/1/2017		12/31/2017	
120	Pro Book (HP) Docking station/monitors	\$1,800.57	\$0.00	\$300.10	\$1,500.47
120	Equipment	2/20/2017		12/31/2017	
		<i>\$211,797.09</i>	<i>\$666.00</i>	<i>\$158,489.13</i>	<i>\$53,307.96</i>

HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB C

Furniture & Fixtures

121	Furniture for Presidents Office	\$10,408.90	\$0.00	\$693.93	\$9,714.97
121	Furniture & Fixtures	5/1/2017		12/31/2017	
122	4 - Varichairs	\$762.45	\$0.00	\$27.23	\$735.22
122	Furniture & Fixtures	10/1/2017		12/31/2017	
123	8 - VariDesks	\$5,165.55	\$0.00	\$184.48	\$4,981.07
123	Furniture & Fixtures	10/1/2017		12/31/2017	
94	Buffalo Office Furntiure	\$23,720.82	\$0.00	\$8,104.61	\$15,616.21
94	Furniture & Fixtures	8/1/2014		12/31/2017	
118	Five drawer file cabinet	\$1,053.00	\$0.00	\$188.04	\$864.96
118	Furniture & Fixtures	10/14/2016		12/31/2017	
112	Locking Bookcase	\$258.06	\$0.00	\$77.42	\$180.64
112	Furniture & Fixtures	5/1/2016		12/31/2017	
108	Syracuse Office Furniture	\$9,167.07	\$0.00	\$2,728.29	\$6,438.78
108	Furniture & Fixtures	12/8/2015		12/31/2017	
82	President's office guest chairs	\$1,075.00	\$0.00	\$949.58	\$125.42
82	Furniture & Fixtures	8/12/2013		12/31/2017	
70	Furniture	\$830.46	\$0.00	\$830.46	\$0.00
70	Furniture & Fixtures	8/22/2012		8/31/2017	
50	Office Furniture - Buffalo	\$8,832.62	\$0.00	\$8,832.62	\$0.00
50	Furniture & Fixtures	12/21/2010		12/31/2017	
72	Ergonomis project	\$253.20	\$0.00	\$253.20	\$0.00
72	Furniture & Fixtures	9/17/2012		9/30/2017	
67	Ergonomic Chairs & office Furniture	\$6,264.06	\$0.00	\$6,264.06	\$0.00
67	Furniture & Fixtures	7/16/2012		7/31/2017	
43	8 Chairs (Knoll)	\$3,556.96	\$0.00	\$3,556.96	\$0.00
43	Furniture & Fixtures	6/2/2010		5/31/2017	
44	4 Rectangular Tables	\$777.40	\$0.00	\$777.40	\$0.00
44	Furniture & Fixtures	6/2/2010		5/31/2017	
28	FURNITURE-(2)4DR LATERAL FILES	\$734.40	\$0.00	\$734.40	\$0.00
28	Furniture & Fixtures	11/6/2002		12/31/2012	
29	FILE CABINET	\$579.60	\$0.00	\$579.60	\$0.00
29	Furniture & Fixtures	4/8/2003		12/31/2012	
30	BOOKCASES	\$366.00	\$0.00	\$366.00	\$0.00
30	Furniture & Fixtures	8/1/2003		12/31/2012	
36	SOS 2 CREDENZAS	\$510.84	\$0.00	\$510.84	\$0.00
36	Furniture & Fixtures	6/1/2007		12/31/2013	
37	MILLINGTON OFFICE FURNITURE	\$898.84	\$0.00	\$898.84	\$0.00
37	Furniture & Fixtures	6/1/2007		12/31/2013	
38	RICOH AFICIO COPIER/PRINTER/SCAN/FAX	\$7,511.00	\$0.00	\$7,511.00	\$0.00
38	Furniture & Fixtures	11/28/2007		12/31/2012	
39	FILE CABINET & TOP ANN'S OFFICE	\$940.62	\$0.00	\$940.62	\$0.00
39	Furniture & Fixtures	4/23/2008		4/30/2015	
		\$83,666.85	\$0.00	\$45,009.58	\$38,657.27

HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB C

Leasehold Improvements

41	LEASEHOLD IMPROVEMENTS-LARKIN	\$12,426.80	\$0.00	\$12,426.80	\$0.00
41	Leasehold Improvements	3/29/2007		12/31/2012	
48	Syracuse Improvement	\$20,000.00	\$0.00	\$13,208.80	\$6,791.20
48	Leasehold Improvements	12/20/2010		12/31/2017	
49	Buffalo Improvements	\$56,565.50	\$0.00	\$37,358.09	\$19,207.41
49	Leasehold Improvements	12/20/2010		12/31/2017	
65	Video conference upgrade	\$7,104.72	\$0.00	\$7,104.72	\$0.00
65	Leasehold Improvements	5/31/2012		5/31/2017	
68	Video 190 - Upgrade to Conference Room	\$467.00	\$0.00	\$467.00	\$0.00
68	Leasehold Improvements	7/2/2012		6/30/2017	
71	Sign in Front Office	\$3,150.00	\$0.00	\$3,150.00	\$0.00
71	Leasehold Improvements	9/14/2012		8/31/2017	
109	LCo Buffalo Office Painting	\$1,260.00	\$0.00	\$504.00	\$756.00
109	Leasehold Improvements	1/1/2016		12/31/2017	
117	HFWCNY Hall Sign	\$1,005.00	\$0.00	\$446.67	\$558.33
117	Leasehold Improvements	9/14/2016		12/31/2017	
107	Office Art Project	\$11,352.73	\$0.00	\$4,703.87	\$6,648.86
107	Leasehold Improvements	12/31/2015		12/31/2017	
93	Buffalo Office Expansion 2014	\$82,478.00	\$0.00	\$28,867.30	\$53,610.70
93	Leasehold Improvements	7/15/2014		12/31/2017	
		<hr/>			
		\$195,809.75	\$0.00	\$108,237.25	\$87,572.50
		\$491,273.69	\$666.00	\$311,735.96	\$180,203.73

Tab D

HEALTH FOUNDATION FOR WESTERN AND CENTRAL NEW YORK

EIN: 22-3804398

TAB D

GRANTS PAID

Name	Address	City	State	Zip	Value	Purpose	Amount
Allegany Rehabilitation Associates, Inc	4222 Bolivar Road	Wellsville	NY	14895	501c3	Allegany Rehabilitation Associates TST Project	\$18,000.00
Allegany Rehabilitation Associates, Inc	4222 Bolivar Road	Wellsville	NY	14895	501c3	Allegany Rehabilitation Associates TST Project	\$10,000.00
Alliance for Strong Families and Communities, Inc	648 Plankinton Avenue Suite 425	Milwaukee	WI	53203	501c3	State of the Sector	\$40,000.00
Alzheimer's Disease & Related Disorders Assn CNY Chapter	441 W Kirkpatrick Street	Syracuse	NY	13204	501c3	Ready or Not-CNY-Cohort 2	\$4,200.00
Aurora of Central New York, Inc	518 James Street	Syracuse	NY	13203	501c3	Ready or Not-CNY-Cohort 2	\$4,200.00
Bison Children's Scholarship Fund, Inc	PO Box 116	Buffalo	NY	14205	501c3	Bison Scholarship Fund	\$48,885.25
Buffalo Prenatal Perinatal Network	625 Delaware Ave Suite 412	Buffalo	NY	14202	501c3	Buffalo Prenatal Perinatal Network	\$8,250.00
Buffalo Prenatal Perinatal Network	625 Delaware Ave Suite 412	Buffalo	NY	14202	501c3	Buffalo Prenatal/Perinatal Network	\$4,500.00
Catholic Charities of Onondaga County	1654 W Onondaga Street	Syracuse	NY	13204	501c3	CNY Maternal Child Health-Phase 2	\$19,059.00
Catholic Charities of Onondaga County	1654 W Onondaga Street	Syracuse	NY	13204	501c3	PEDALS Central New York	\$1,425.18
Cattaraugus County Project Head Start Inc	101 S 19th Street	Olean	NY	14760	501c3	Maternal Child Health in WNY	\$10,000.00
Center for Court Innovation	One Park Plaza 300 S State Street, Suite 102	Syracuse	NY	13202-2024	501c3	CNY Maternal Child Health-Phase 2	\$20,000.00
Center for Creative Leadership	One Leadership Place	Greensboro	NC	27410	501c3	FELLOWS 20 PLANNING	\$15,255.00
Center for Excellence in Health Care Journalism	10 Neff Hall Missouri School of Journalism	Columbia	MO	65211	501c3	AHCJ Journalism Fellowship	\$9,600.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	501c3	Bison Scholarship Fund	\$12,183.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	501c3	Bison Scholarship Fund	\$375.00
Central New York Community Foundation, Inc	431 E Fayette St Suite 100	Syracuse	NY	13202	501c3	Storygrowing in Western & Central NY	\$12,500.00
Central New York Community Foundation, Inc	431 E Fayette St Suite 100	Syracuse	NY	13202	501c3	Storygrowing in Western & Central NY	\$12,500.00
Chautauqua County	7 North Erie Street	Mayville	NY	14757	501c3	Maternal Child Health in WNY	\$10,000.00
Chautauqua Lake Child Care Center	100 North Erie Street	Mayville	NY	14757	501c3	PEDALS - Exploring Implementation in Buffalo Public Schools UPK classrooms	\$2,074.72
Chautauqua Region Community Foundation	418 Spring Street	Jamesstown	NY	14701	501c3	Maternal Child Health in WNY	\$10,000.00
Child Care Solutions	181 Parkside Avenue	Syracuse	NY	13207	501c3	CNY Maternal Child Health-Phase 2	\$20,000.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	501c3	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Community Action Organization of Erie County Inc	45 Jewett Avenue	Buffalo	NY	14209	501c3	Maternal Child Health in WNY	\$15,000.00
Community Concern of Western New York, Inc	6722 Erie Road	Derby	NY	14047	501c3	Community Concern Merger Support	\$55,000.00
Community Connections of NY, Inc	567 Exchange Street, Suite 201	Buffalo	NY	14210	501c3	Wraparound Erie Vendor Network Expansion	\$48,000.00
Community Connections of NY, Inc	567 Exchange Street, Suite 201	Buffalo	NY	14210	501c3	Aging Mastery Program	\$10,000.00
Community Foundation for Greater Buffalo	726 Exchange Street, Suite 516	Buffalo	NY	14202	501c3	Pay for Success Pediatric Asthma	\$22,417.00
Dale Association	315 Bewley Building	Lockport	NY	14094	501c3	Aging Mastery Program - Dale Association	\$5,000.00
Dale Association	315 Bewley Building	Lockport	NY	14094	501c3	Aging Mastery Program - Dale Association	\$5,000.00
D Youville College	320 Porter Avenue	Buffalo	NY	14201	501c3	Josh Luke Conference	\$15,000.00
Eighth District Dental Society	3831 Harlem Road	Buffalo	NY	14215	501c3	Cavity Free Kids	\$39,113.21
Erie County Department of Senior Services	95 Franklin Street 13th Floor	Buffalo	NY	14202	County Agency	Aging by Design	\$10,000.00
Erie County Department of Senior Services	95 Franklin Street, 13th Floor	Buffalo	NY	14202	County Agency	Aging by Design	\$15,000.00
Erie County Medical Center	462 Gnder	Buffalo	NY	14215	County Agency	The Conversation Project	\$10,000.00
Erie County Medical Center	462 Gnder	Buffalo	NY	14215	County Agency	The Conversation Project	\$10,000.00
Erie County Medical Center	462 Gnder	Buffalo	NY	14215	County Agency	The Conversation Project	\$10,000.00
Family Help Center	60 Dngens Street	Buffalo	NY	14206	501c3	Maternal Child Health in WNY	\$17,000.00
FOCUS Greater Syracuse Inc	201 East Washington Street	Syracuse	NY	13202	501c3	CNY Citizen's Aging Research and Action Network	\$10,000.00
Grantmakers In Aging, Inc	2001 Jefferson Davis Highway Suite 504	Arlington	VA	22202	501c3	Grantmakers in Aging - 2 year financial bridge support	\$25,000.00
Grantmakers In Aging Inc	2001 Jefferson Davis Highway, Suite 504	Arlington	VA	22202	501c3	Membership Renewal	\$1,600.00
Grantmakers In Aging Inc	2001 Jefferson Davis Highway, Suite 504	Arlington	VA	22202	501c3	Senior Advisor	\$5,000.00
Grantmakers In Health	1100 Connecticut Avenue NW, Suite 1200	Washington	DC	20036	501c3	Membership Renewal	\$9,520.00
Health Research Inc	150 Broadway, Suite 560	Menands	NY	12204	501c3	Partnerships for Healthy Communities	\$25,000.00
Healthy Community Alliance, Inc,	1 School Street Suite 100	Gowanda	NY	14070	501c3	Fellows Action Network (FAN)	\$141,040.00
Healthy Community Alliance, Inc,	1 School Street Suite 100	Gowanda	NY	14070	501c3	Healthy Community Alliance	\$8,000.00

HEALTH FOUNDATION FOR WESTERN AND CENTRAL NEW YORK

EIN: 22-3804398

TAB D

GRANTS PAID

Healthy Community Alliance, Inc	1 School StreetSuite 100	Gowanda	NY	14070	501c3	Academy Place Apartments	\$2,000 00
Healthy Community Alliance, Inc.	1 School StreetSuite 100	Gowanda	NY	14070	501c3	Aging by Design	\$15,000 00
Healthy Community Alliance, Inc.	1 School StreetSuite 100	Gowanda	NY	14070	501c3	Aging by Design	\$10,000 00
Hearts and Hands	2710 North Forest RoadSuite 2015	Getzville	NY	14068	501c3	Aging by Design	\$15,000 00
Hearts and Hands	2710 North Forest RoadSuite 2015	Getzville	NY	14068	501c3	Aging by Design	\$10,000 00
Herkimer County Public Health Nursing Services	301 N Washington Street	Herkimer	NY	13350	County Agency	CNY Maternal Child Health-Phase 2	\$7,000 00
Huntington Family Centers	405 Gifford Street	Syracuse	NY	13204	501c3	PEDALS CNY	\$2,000 00
InterFaith Works of Central New York	1010 James Street	Syracuse	NY	13203	501c3	Aging by Design	\$15,000 00
InterFaith Works of Central New York	1010 James Street	Syracuse	NY	13203	501c3	Aging by Design	\$10,000 00
Jencho Road Family Practice	184 Barton Street	Buffalo	NY	14213	501c3	Aging by Design	\$15,000 00
Jencho Road Family Practice	184 Barton Street	Buffalo	NY	14213	501c3	Aging by Design	\$10,000 00
Jencho Road Ministries Inc	184 Barton Street	Buffalo	NY	14221	501c3	Maternal Child Health in WNY	\$20,000 00
Ken-Ton Meals on Wheels	169 Sheridan Parkside Drive	Tonawanda	NY	14150	501c3	Aging by Design	\$15,000 00
Ken-Ton Meals on Wheels	169 Sheridan Parkside Drive	Tonawanda	NY	14150	501c3	Aging by Design	\$10,000 00
Kidney Foundation of WNY, Inc	110 Broadway Street	Buffalo	NY	14203	501c3	Kidney Foundation WNY	\$5,000 00
Kids Oneida, Inc	310 Main Street	Utica	NY	13501	501c3	CNY Maternal Child Health-Phase 2	\$15 000 00
March of Dimes Foundation	3445 Winton Place, Suite 121	Rochester	NY	14623	501c3	March of Dimes WHEN Program - Phase 2	\$12,500 00
Menorah Campus, Inc	dba Weinberg Campus2700 North Forest Road	Getzville	NY	14068	501c3	Town Square for Aging Strategic Planning	\$5,000 00
Mental Health Association of Erie County	999 Delaware Avenue	Buffalo	NY	14209	501c3	Fellows Program - Cohort 5	\$3,000 00
New Hampshire Charitable Foundation	37 Pleasant Street	Concord	NH	03301	501c3	Midwifery in Western New York	\$15,000 00
Niagara County Department of Health	5467 Upper Mt Road	Lockport	NY	14094	County Agency	Maternal Child Health in WNY	\$15,000 00
Niagara Frontier Radio Reading Service, Inc	P O Box 575	Buffalo	NY	14225	501c3	Niagara Frontier Reading Radio Service	\$10 000 00
Niagara University	PO Box 1936Attn: Controller's Office, Accountant	Niagara University	NY	14109	501c3	Help Me Grow WNY	\$59,000 00
Northern Oswego County Health Services, Inc	61 Delano Street	Pulaski	NY	13142	501c3	Upstate Community Health Collaborative IPA	\$50,000 00
Northern Oswego County Health Services, Inc	61 Delano Street	Pulaski	NY	13142	501c3	Upstate Community Health Collaborative IPA	\$50,000 00
NY Funders Alliance	The Central New York Philanthropy Center431 E Fayette Street	Syracuse	NY	13202	501c3	NY Funders Alliance	\$10,000 00
NY Funders Alliance	431 E Fayette St	Syracuse	NY	13202	501c3	Membership Renewal	\$5,500 00
Orleans County Office for the Aging	14016 Route 31W	Albion	NY	14411	County Agency	Aging by Design	\$15 000 00
Orleans County Office for the Aging	14016 Route 31W	Albion	NY	14411	County Agency	Aging by Design	\$10,000 00
Oswego County Health Department	70 Bunner Street	Oswego	NY	13226	County Government	CNY Maternal Child Health-Phase 2	\$5,000 00
Oswego County Health Department	70 Bunner Street	Oswego	NY	13226	County Agency	CNY Maternal Child Health-Phase 2	\$10,000 00
P2 Collaborative of Western New York, Inc	355 Harlem Road, Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Advanced Care Planning Collaborative	\$10,000 00
P2 Collaborative of Western New York, Inc	355 Harlem Road, Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Advanced Care Planning Collaborative	\$5,000 00
P2 Collaborative of Western New York, Inc	355 Harlem Road, Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Triggers of Decline - Exploration	\$3,750 00
P2 Collaborative of Western New York, Inc	355 Harlem Road, Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Triggers of Decline - Exploration	\$3,750 00
P2 Collaborative of Western New York, Inc	355 Harlem Road, Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Aging Mastery Program	\$11,000 00
P2 Collaborative of Western New York, Inc	355 Harlem Road Bldg C, 2nd Floor	West Seneca	NY	14224	501c3	Aging Mastery Program	\$177,650 00
Parkway Senior Center	220 Memorial Parkway	Utica	NY	13501	501c3	Parkway - Aging Mastery Program	\$3,000 00
Parkway Senior Center	220 Memorial Parkway	Utica	NY	13501	501c3	Parkway - Aging Mastery Program	\$2,000 00
Parkway Senior Center	220 Memorial Parkway	Utica	NY	13501	501c3	Aging by Design	\$15,000 00
Parkway Senior Center	220 Memorial Parkway	Utica	NY	13501	501c3	Aging by Design	\$10,000 00
PEAK Grantmaking	1666 K Street, NW, Suite 440	Washington	DC	20005	501c3	Membership Renewal	\$2,000 00
Potomac Health Foundation	2296 Opitz Blvd Suite 200	Woodbridge	VA	22191	501c3	Consumer Health Foundation	\$500 00
Research Foundation for SUNY	402 Crofts Halls	Buffalo	NY	14260-7016	501c3	Maternal Child Health in WNY	\$14,999 52
Research Foundation for SUNY	402 Crofts Halls	Buffalo	NY	14260-7016	501c3	Midwifery in Western New York	\$99,995 00
Research Foundation of State University of New York	Penfield Library, SUNY Oswego	Oswego	NY	13126-3599	501c3	WRVO	\$32,327 50
Research Foundation of State University of NY	The UB Commons, Suite 211520 Lee Entrance	Amherst	NY	14228-2567	501c3	Trauma Scan	\$4,000 00
Research Foundation of State University of NY	The UB Commons, Suite 211520 Lee Entrance	Amherst	NY	14228-2567	501c3	Trauma Scan	\$4,000 00
Resource Center for Independent Living	409 Columbia Street	Utica	NY	13503 0210	501c3	Aging by Design	\$15,000 00
Resource Center for Independent Living	409 Columbia Street	Utica	NY	13503 0210	501c3	Aging by Design	\$10,000 00
Rochester Primary Care Network	259 Monroe Avenue	Rochester	NY	14607	501c3	CNY Maternal Child Health-Phase 2	\$15,000 00
Salvation Army -Cab House Commons Day Care Center	677 South Salina Street	Syracuse	NY	13202	501c3	PEDALS CNY	\$1,937 75
Schuyler Center for Analysis and Advocacy Inc	150 State Street, 4th Floor	Albany	NY	12207	501c3	CNY Maternal Child Health-Phase 2	\$20,000 00
Sisters of Charity Hospital Foundation	2157 Main Street	Buffalo	NY	14214	501c3	Maternal Child Health in WNY	\$15,000 00
Syracuse Community Connection	401-425 South Avenue	Syracuse	NY	13204	501c3	CNY Maternal Child Health-Phase 2	\$10,000 00
Syracuse Community Health Center, Inc	Syracuse Community Health Center, Inc 819 South Salina Street	Syracuse	NY	13202	501c3	SCHC - Brown and Wenraub Consulting	\$7,700 00
Syracuse Community Health Center, Inc	Syracuse Community Health Center, Inc 819 South Salina Street	Syracuse	NY	13202	501c3	SCHC - Brown and Wenraub Consulting	\$7 500 00

HEALTH FOUNDATION FOR WESTERN AND CENTRAL NEW YORK

EIN 22-3804398

TAB D

GRANTS PAID

Syracuse Community Health Center, Inc	Syracuse Community Health Center, Inc 819 South Salina Street	Syracuse	NY	13202	501c3	SCHC - Brown and Weinraub Consulting	\$7,571 06
Syracuse Community Health Center, Inc	Syracuse Community Health Center, Inc 819 South Salina Street	Syracuse	NY	13202	501c3	SCHC - Brown and Weinraub Consulting	\$7,500 00
Syracuse University	211 Lyman Hall	Syracuse	NY	13244	501c3	CNY Maternal Child Health-Phase 2	\$9,942.00
Syracuse University	211 Lyman Hall	Syracuse	NY	13244	501c3	Maternal Child Health Hot Spot Booster	\$20,000 00
Syracuse University Maxwell XLab	211 Lyman Hall	Syracuse	NY	13244	501c3	Advocacy Initiative Exploration	\$1,750 00
Syracuse University Maxwell XLab	211 Lyman Hall	Syracuse	NY	13244	501c3	Advocacy Initiative Exploration	\$1,000 00
The Center for Hospice & Palliative Care, Inc	225 Como Park Blvd	Cheektowaga	NY	14227-1480	501c3	Center for Hospice and Palliative Care	\$5,000 00
The Center for Hospice & Palliative Care, Inc	225 Como Park Blvd	Cheektowaga	NY	14227-1480	501c3	Center for Hospice and Palliative Care	\$5,000 00
The Center for Popular Democracy, Inc	540 President Street3rd Floor	Brooklyn	NY	11215	501c3	Advocacy Institute	\$5,000 00
The Research Foundation	The State University of New YorkPO Box 9	Albany	NY	12201-000	501c3	Aging by Design	\$17,000 00
The Research Foundation	The State University of New YorkPO Box 9	Albany	NY	12201-000	501c3	Aging by Design	\$17,000 00
The Research Foundation of SUNY Oswego	223 Hewitt Union, SUNY Oswego	Oswego	NY	13126	501c3	WRVO Public Media - Take Care (2016 2017)	\$33,488 00
The Salvation Army Syracuse Area Services	677 South Salina Street	Syracuse	NY	13206	501c3	CNY Maternal Child Health-Phase 2	\$20,000 00
The Urban Institute	2100 M Street NW	Washington	DC	20037	501c3	Advocacy Initiative Exploration	\$32,000 00
The WNY Women's Foundation, Inc	742 Delaware Avenue	Buffalo	NY	14209	501c3	Maternal Child Health in WNY	\$79,927 00
The WNY Women's Foundation, Inc	742 Delaware Avenue	Buffalo	NY	14209	501c3	WNY Women's Foundation - Pathways to Success	\$10,000 00
Tompkins County Office for Aging	320 North Tioga Street	Ithaca	NY	14850	501c3	Aging by Design	\$15,000 00
Tompkins County Office for Aging	320 North Tioga Street	Ithaca	NY	14850	501c3	Aging by Design	\$10,000 00
United Hospital Fund	Empire State Building350 Fifth Avenue, 23rd Floor	New York	NY	10118-2300	501c3	Advocacy Initiative Exploration	\$15,000 00
United Way of Buffalo & Erie County	742 Delaware Avenue	Buffalo	NY	14209	501c3	Erie/Niagara Aging Network	\$3,000 00
United Way of Buffalo and Erie County	742 Delaware Avenue	Buffalo	NY	14209	501c3	WNY Integrated Care Collaborative	\$37,500 00
United Way of Buffalo and Erie County	742 Delaware Avenue	Buffalo	NY	14209	501c3	WNY Integrated Care Collaborative	\$20,000 00
United Way of Buffalo and Erie County	742 Delaware Avenue	Buffalo	NY	14209	501c3	WNY Integrated Care Collaborative	\$20,000 00
United Way of Central New York, Inc	518 James Street, Suite 200	Syracuse	NY	13220	501c3	Early Childhood Alliance	\$7,000 00
United Way of Central New York, Inc	518 James Street, Suite 200	Syracuse	NY	13220	501c3	Help Me Grow - CNY	\$25,000 00
Visiting Nurse Service of Ithaca & Tompkins County Inc	105 Vera Circle	Ithaca	NY	14850	501c3	Super Skills	\$8,500 00
Western New York Public Broadcasting Association	140 Lower Terrace Street	Buffalo	NY	14202	501c3	WBFO News Desk	\$20,000 00
Women's Health of Western New York	130 S Union Street #7	Olean	NY	14760	S Corp	Midwifery in Western New York	\$5,360 64
Women's Health of Western New York	130 S Union Street #7	Olean	NY	14760	S Corp	Midwifery in Western New York	\$2,293 18
Wyoming County Community Hospital System	408 N Main Street	Warsaw	NY	14569	501c3	Midwifery in Western New York	\$5,000 00
YWCA of Syracuse and Onondaga County, Inc	401 Douglas Street	Syracuse	NY	13203	501c3	CNY Maternal Child Health-Phase 2	\$15,000 00

\$2,363,522.01

Tab E

HEALTH FOUNDATION FOR WESTERN CENTRAL NEW YORK

EIN: 22-3804398

TAB E

FUTURE GRANT PAYMENTS

Name	Address	City	State	Zip	Purpose	Amount
Allegany Rehabilitation Associates, Inc.	4222 Bolivar Road	Wellsville	NY	14895	Allegany Rehabilitation Associates TST Project	\$10,000.00
Alliance for Strong Families and Communities, Inc.	648 Plankinton Avenue Suite 425	Milwaukee	WI	53203	State of the Sector	\$10,000.00
Bison Children's Scholarship Fund, Inc.	PO Box 116	Buffalo	NY	14205	Bison Scholarship Fund	\$50,000.00
Bison Children's Scholarship Fund, Inc.	PO Box 116	Buffalo	NY	14205	Bison Scholarship Fund	\$50,000.00
Bison Children's Scholarship Fund, Inc.	PO Box 116	Buffalo	NY	14205	Bison Scholarship Fund	\$50,000.00
Bison Children's Scholarship Fund, Inc.	PO Box 116	Buffalo	NY	14205	Bison Scholarship Fund	\$50,000.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	Bison Scholarship Fund	\$12,183.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	Bison Scholarship Fund	\$12,183.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	Bison Scholarship Fund	\$12,183.00
Center for Governmental Research (CGR)	One South Washington Street Suite 400	Rochester	NY	14614	Bison Scholarship Fund	\$12,185.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	Cavity Free Kids Regional Hub - CNY	\$2,353.00
Child Development Council of Central NY	609 West Clinton Street	Ithaca	NY	14850	Cavity Free Kids Regional Hub - CNY	\$2,352.00
Community Connections of NY, Inc.	567 Exchange Street, Suite 201	Buffalo	NY	14210	Wraparound Erie Vendor Network Expansion	\$20,000.00
Community Connections of NY, Inc.	567 Exchange Street, Suite 201	Buffalo	NY	14210	Aging Mastery Program	\$10,000.00
Community Connections of NY, Inc.	567 Exchange Street, Suite 201	Buffalo	NY	14210	Wraparound Erie Vendor Network Expansion	\$15,000.00
Community Connections of NY, Inc.	567 Exchange Street, Suite 201	Buffalo	NY	14210	Wraparound Erie Vendor Network Expansion	\$5,880.00
Community Connections of NY, Inc.	567 Exchange Street, Suite 201	Buffalo	NY	14210	Aging Mastery Program	\$10,000.00
Community Health Center of Buffalo, Inc.	34 Benwood Ave	Buffalo	NY	14214	Portable Dental Care Expansion - Implementation	\$10,000.00
Erie County Medical Center	462 Grider	Buffalo	NY	14215	The Conversation Project	\$10,000.00
Grantmakers In Aging, Inc.	2001 Jefferson Davis Highway Suite 504	Arlington	VA	22202	GIA Strategic Planning Support	\$10,000.00
Health Research, Inc.	150 Broadway Suite 560	Menands	NY	12204	Partnerships for Healthy Communities	\$12,500.00
Health Research, Inc.	150 Broadway Suite 560	Menands	NY	12204	Partnerships for Healthy Communities	\$12,500.00
Mental Health Association of Erie County	999 Delaware Avenue	Buffalo	NY	14209	Fellows Program - Cohort 5	\$30,000.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	Aging Mastery Program	\$173,150.00
P2 Collaborative of Western New York, Inc.	355 Harlem Road, Bldg. C, 2nd Floor	West Seneca	NY	14224	Aging Mastery Program	\$10,000.00
Research Foundation of State University of New York	Penfield Library, SUNY Oswego	Oswego	NY	13126-3599	WRVO	\$32,327.50
The Research Foundation	The State University of New York PO Box 9	Albany	NY	12201-000	Aging by Design	\$3,000.00
United Way of Buffalo and Erie County	742 Delaware Avenue	Buffalo	NY	14209	WNY Integrated Care Collaborative	\$40,000.00
United Way of Central New York, Inc.	518 James Street, Suite 200	Syracuse	NY	13220	Help Me Grow - CNY	\$72,500.00
United Way of Central New York, Inc.	518 James Street, Suite 200	Syracuse	NY	13220	Help Me Grow - CNY	\$87,500.00
Visiting Nurse Service of Ithaca & Tompkins County Inc	105 Vera Circle	Ithaca	NY	14850	FELLOWS 2.0 PLANNING	\$20,000.00
Western New York Public Broadcasting Association	140 Lower Terrace Street	Buffalo	NY	14202	WBFO News Desk	\$20,000.00
Total:						\$882,502.50