

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.

For calendar year 2019 or tax year beginning , and ending

Name of foundation HEALTH FOUNDATION FOR WESTERN & CENTRAL NY		A Employer identification number 22-3804398
Number and street (or P.O. box number if mail is not delivered to street address) 726 EXCHANGE ST.	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		C If exemption application is pending, check here ...▶
G Check all that apply: Initial return Final return Address change Initial return of a former public charity Amended return Name change		D 1. Foreign organizations, check here ...▶ 2. Foreign organizations meeting the 85% test, check here and attach computation ...▶
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ...▶
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 129,786,054.	J Accounting method: Cash <input type="checkbox"/> Accrual <input checked="" 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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	0.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,869,656.	1,869,656.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				STATEMENT 1
	b Gross sales price for all assets on line 6a 21,765,482.				
	7 Capital gain net income (from Part IV, line 2)		1,017,836.		
	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	59,137.	4,034,978.		STATEMENT 3	
12 Total. Add lines 1 through 11	2,965,846.	6,922,470.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	402,051.	0.		402,051.
	14 Other employee salaries and wages	751,261.	0.		751,261.
	15 Pension plans, employee benefits	221,882.	0.		221,882.
	16a Legal fees STMT 4	3,229.	0.		3,229.
	b Accounting fees STMT 5	24,100.	6,025.		18,075.
	c Other professional fees STMT 6	1,806,235.	958,312.		847,923.
	17 Interest				
	18 Taxes STMT 7	132,006.	75,643.		0.
	19 Depreciation and depletion	54,065.	0.		
	20 Occupancy	121,150.	0.		121,150.
	21 Travel, conferences, and meetings	287,933.	0.		287,933.
	22 Printing and publications	27,665.	0.		27,665.
	23 Other expenses STMT 8	310,362.	192,150.		310,362.
	24 Total operating and administrative expenses. Add lines 13 through 23	4,141,939.	1,232,130.		2,991,531.
	25 Contributions, gifts, grants paid	3,022,884.			3,022,884.
26 Total expenses and disbursements. Add lines 24 and 25	7,164,823.	1,232,130.		6,014,415.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-4,198,977.				
b Net investment income (if negative, enter -0-)		5,690,340.			
c Adjusted net income (if negative, enter -0-)			N/A		

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NY**

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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	264,573.	252,975.	252,975.
	2 Savings and temporary cash investments	810,869.	1,041,586.	1,041,586.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	18,963,181.	22,853,075.	22,853,075.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 10	94,095,809.	105,182,009.	105,182,009.	
14 Land, buildings, and equipment: basis ▶ 513,907.				
Less: accumulated depreciation STMT 11 ▶ 381,470.	164,162.	132,437.	132,437.	
15 Other assets (describe ▶	402,135.	323,972.	323,972.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	114,700,729.	129,786,054.	129,786,054.	
Liabilities	17 Accounts payable and accrued expenses	111,000.	29,516.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ DEFERRED COMPENSAT)	241,575.	209,231.	
23 Total liabilities (add lines 17 through 22)	352,575.	238,747.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	112,557,432.	127,514,793.	
	25 Net assets with donor restrictions	1,790,722.	2,032,514.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances	114,348,154.	129,547,307.		
30 Total liabilities and net assets/fund balances	114,700,729.	129,786,054.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	114,348,154.
2 Enter amount from Part I, line 27a	2	-4,198,977.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS ON INVESTMENTS	3	19,398,130.
4 Add lines 1, 2, and 3	4	129,547,307.
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 29	6	129,547,307.

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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		
b NONPUBLICLY TRADED INVESTMENTS	P		
c CAPITAL GAINS DIVIDENDS			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 11,038,521.		10,824,398.	214,123.
b 10,673,670.		9,923,248.	750,422.
c 53,291.			53,291.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) 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			214,123.
b			750,422.
c			53,291.
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,017,836.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	5,966,631.	123,983,224.	.048125
2017	5,607,986.	119,695,686.	.046852
2016	5,854,361.	109,897,074.	.053271
2015	5,784,080.	115,975,430.	.049873
2014	5,856,177.	120,458,209.	.048616

2 Total of line 1, column (d)	2	.246737
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	.049347
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	121,820,009.
5 Multiply line 4 by line 3	5	6,011,452.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	56,903.
7 Add lines 5 and 6	7	6,068,355.
8 Enter qualifying distributions from Part XII, line 4	8	6,036,755.

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.

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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	113,807.
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	113,807.
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	113,807.
6 Credits/Payments:			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a	16,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	84,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	100,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	419.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	14,226.	
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 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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.		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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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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		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.HFWCNY.ORG	X	
14 The books are in care of ► NORA O'BRIEN-SURIC Telephone no. ► 716-852-3030 Located at ► 726 EXCHANGE ST., 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 and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2019, 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 ►		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
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
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 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	X

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

	Yes	No
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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		369,025.	33,026.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DIANE OYLER - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	VICE PRESIDENT OF PROGRAM 40.00	120,179.	21,388.	0.
MONICA BROWN - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	97,286.	19,917.	0.
KENNETH GENEWICK - 726 EXCHANGE STREET, SUITE 518, BUFFALO, NY 14210	PROGRAM OFFICER 40.00	87,341.	15,730.	0.
MARNIE ANNESE - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	PROGRAM OFFICER 40.00	85,521.	5,969.	0.
JORDAN BELLASSAI - 431 E. FAYETTE STREET, SUITE 250, SYRACUSE, NY	PROGRAM MANAGER 40.00	65,400.	9,585.	0.
Total number of other employees paid over \$50,000				0

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NANCY BLASCHAK 8822 VIOLET PARKWAY, EDEN, NY 14057	PROGRAM DIRECTOR FEES	60,000.
RIVETER LLC 190 LAWRENCE PLACE, ORCHARD PARK, NY 14127	PROJECT AND EVENT MANAGEMENT	55,944.

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

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 15	320,000.
2 AGING MASTERY - EVIDENCE BASED INTERVENTION THAT ADDRESSES SEVERAL WAYS TO MITIGATE TRIGGERS OF DECLINE IN OLDER ADULTS AND PROMOTE HEALTHY AGING.	280,658.
3 AGING BY DESIGN - A PROGRAM TO DEVELOP AND TEST NEW APPROACHES TO ADDRESS FALL PREVENTION, MEDICATION MANAGEMENT AND CAREGIVER SUPPORT WITH A PERSON-CENTERED FOCUS.	353,596.
4 SEE STATEMENT 16	399,450.

Part IX-B Summary of Program-Related Investments

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

Total. Add lines 1 through 3 ▶ 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	123,148,634.
b	Average of monthly cash balances	1b	526,502.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	123,675,136.
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	123,675,136.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,855,127.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	121,820,009.
6	Minimum investment return. Enter 5% of line 5	6	6,091,000.

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

1	Minimum investment return from Part X, line 6	1	6,091,000.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	113,807.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	113,807.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,977,193.
4	Recoveries of amounts treated as qualifying distributions	4	100,354.
5	Add lines 3 and 4	5	6,077,547.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,077,547.

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	6,014,415.
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	22,340.
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	6,036,755.
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	6,036,755.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				6,077,547.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			5,855,490.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 6,036,755.				
a Applied to 2018, but not more than line 2a			5,855,490.	
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 2019 distributable amount				181,265.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2019 (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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				5,896,282.
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 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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 2019, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 17

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

c Any submission deadlines:

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

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total SEE CONTINUATION SHEET(S)				3a 3,022,884.
b <i>Approved for future payment</i>				
Total SEE CONTINUATION SHEET(S)				3b 1,891,090.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	1,869,656.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			18	4,602.	
8 Gain or (loss) from sales of assets other than inventory			18	1,037,053.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a RETURNED GRANT FUNDS					54,535.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e)		0.		2,911,311.	54,535.
13 Total. Add line 12, columns (b), (d), and (e)			13		2,965,846.

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

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

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

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

		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		X
(2)	Other assets		X
b	Other transactions:		
(1)	Sales of assets to a noncharitable exempt organization		X
(2)	Purchases of assets from a noncharitable exempt organization		X
(3)	Rental of facilities, equipment, or other assets		X
(4)	Reimbursement arrangements		X
(5)	Loans or loan guarantees		X
(6)	Performance of services or membership or fundraising solicitations		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

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

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

b If "Yes," complete the following schedule.

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

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

Signature of officer or trustee: *[Signature]* Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. GRIMALDI, CPA	Preparer's signature <i>[Signature]</i>	Date 11/10/20	Check if self-employed	PTIN P01295846
	Firm's name ▶ LUMSDEN & MCCORMICK, LLP			Firm's EIN ▶ 16-0765486	
	Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202			Phone no. (716) 856-3300	

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
POSITIVE DIRECTION AND ASSOCIATES, INC. 50 FOUNTAIN PLAZA SUITE 1400 BUFFALO, NY 14202		1,575.	06/28/19	1,575.	
Purpose of Grant MATERNAL CHILD HEALTH IN WNY					
Date of Reports by Grantee		Diversions by Grantee			
12/31/2019					
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				

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Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ACCORD CORPORATION 84 SCHUYLER STREET BELMONT, NY 14813		501C3	FELLOWS CALL TO ACTION	10,000.
ADELPHI UNIVERSITY 1 SOUTH AVENUE GARDEN CITY, NY 11530		501C3	SOCIAL WORK PRACTICE FELLOWS	20,000.
ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES, INC. 648 PLANKINTON AVENUE SUITE 425 MILWAUKEE, WI 53203		501C3	STATE OF THE SECTOR	10,000.
ALZHEIMER'S ASSOCIATION OF WNY, INC. 2805 WEHRLE DRIVE, SUITE 6 WILLIAMSVILLE, NY 14221		501C3	WNY ALZHEIMER'S ASSOCIATION - LIVING WITH DEMENTIA CONFERENCE	1,500.
BESTSELF BEHAVIORAL HEALTH, INC. 255 DELAWARE AVENUE, SUITE 300 BUFFALO, NY 14202		501C3	FELLOWS CALL TO ACTION	10,000.
BISHOP'S COMMONS, INC. 4 BURKLE STREET OSWEGO, NY 13126		501C3	STEPPING ON	9,500.
BISON CHILDREN'S SCHOLARSHIP FUND, INC. PO BOX 116 BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	30,888.
Total from continuation sheets				3,022,884.

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Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116		501C3	"COMMUNITIES CARE" WNY RESPITE PILOT	150,000.
BURCHFIELD PENNEY ART CENTER 1300 ELMWOOD AVENUE BUFFALO, NY 14222		501C3	ART MOVES ME	9,000.
CAPITAL IMPACT PARTNERS 2011 CRYSTAL DRIVE SUITE 500 ARLINGTON, VA 22202		501C3	TRIGGERS OF DECLINE - EXPLORATION	5,000.
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209		501C3	CATHOLIC CHARITIES OF WNY - "TRANSFORMING ANXIETY INTO ACTIVE LEADERSHIP"	8,500.
CATHOLIC CHARITIES OF ONONDAGA COUNTY 1654 W. ONONDAGA STREET SYRACUSE, NY 13204		501C3	CATHOLIC CHARITIES OF ONONDAGA COUNTY - STAFF DEVELOPMENT	10,000.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	CCHN DOULA PROGRAM	85,000.
CENTER FOR EXCELLENCE IN HEALTH CARE JOURNALISM 10 NEFF HALL COLUMBIA, MO 65211		501C3	CENTER FOR HEALTHCARE JOURNALISM - 2020 NATIONAL CONFERENCE SUPPORT	10,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CENTER FOR GOVERNMENTAL RESEARCH (CGR) ONE SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614		501C3	ASSET MAPPING AND NONPROFIT COMMUNITY ENGAGEMENT	33,000.
CENTER FOR GOVERNMENTAL RESEARCH (CGR) ONE SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614		501C3	BISON SCHOLARSHIP FUND	8,390.
CHAUTAUQUA COUNTY HEALTH NETWORK, INC. 200 HARRISON ST. SUITE 2 JAMESTOWN, NY 14701		501C3	CHAUTAUQUA COUNTY HEALTH NETWORK	20,000.
CHILD CARE SOLUTIONS 181 PARKSIDE AVENUE SYRACUSE, NY 13207		501C3	PROMOTING EARLY CHILDHOOD DEVELOPMENT THROUGH PLAYGROUPS	9,950.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	AGING MASTERY PROGRAM	10,000.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	CCNY - HELP ME GROW	2,000.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	INNOVATIONS IN CHILDREN'S HEALTH RFP PROGRAM	100,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	WNY NONPROFIT SUPPORT GROUP - ASSET MAPPING INITIATIVE	1,060.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE 201 BUFFALO, NY 14210		501C3	NURTURING PARENTING PROGRAMS	25,000.
COMMUNITY HEALTH CENTER OF BUFFALO, INC. 34 BENWOOD AVE BUFFALO, NY 14214		501C3	PORTABLE DENTAL CARE EXPANSION - IMPLEMENTATION	10,000.
COMMUNITY HEALTH WORKER NETWORK OF BUFFALO C/O THE 104 MARYLAND STREET BUFFALO, NY 14201		501C3	PEACE, LOVE, POWER: MINDFULNESS, TRAUMA & RESILIENCY IN WNY	10,000.
COMMUNITY SERVICES FOR EVERY1, INC. 180 OAK STREET BUFFALO, NY 14203		501C3	FELLOWS CALL TO ACTION	20,000.
COMPEER WEST, INC. 135 DELAWARE AVENUE BUFFALO, NY 14202		501C3	FELLOWS CALL TO ACTION	10,000.
CORNELL COOPERATIVE EXTENSION 5657 STATE ROUTE 5 HERKIMER, NY 13350		501C3	INNOVATIONS IN CNY	12,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DAEMEN COLLEGE 4380 MAIN STREET AMHERST, NY 14226		501C3	TIC SIMULATION LAB DAEMEN COLLEGE	10,000.
D'YOUVILLE COLLEGE 320 PORTER AVENUE BUFFALO, NY 14201		501C3	TO ERR IS HUMAN-DYC PANEL DISCUSSION	10,000.
D'YOUVILLE COLLEGE 320 PORTER AVENUE BUFFALO, NY 14201		501C3	D'YOUVILLE COLLEGE/HOSPICE BUFFALO-DR. IRA BYOCK EVENT	5,000.
EASTERN NIAGARA HOSPITAL, INC. 521 EAST AVENUE LOCKPORT, NY 14094		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT	6,300.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT	9,150.
EIGHTH DISTRICT DENTAL SOCIETY 3831 HARLEM ROAD BUFFALO, NY 14215		501C3	CAVITY FREE KIDS SUPPLIES REPLENISHMENT FUND	52,414.
ERIE COUNTY DEPARTMENT OF SENIOR SERVICES 95 FRANKLIN STREET, 13TH FLOOR BUFFALO, NY 14202		GOVT	ASA LEADERSHIP INSTITUTE	2,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ERIE COUNTY DEPARTMENT OF SENIOR SERVICES 95 FRANKLIN STREET, 13TH FLOOR BUFFALO, NY 14202		GOVT	AGING BY DESIGN	2,000.
FSG, INC. 179 LINCOLN ST; SUITE 301 BOSTON, MA 02111		501C3	OPERATIONS	10,000.
FSG, INC. 179 LINCOLN ST; SUITE 301 BOSTON, MA 02111		501C3	STRATEGIC PLANNING - 2019/2020	70,500.
GENESEO PARISH OUTREACH CENTER, INC. 4520 GENESEE STREET GENESEO, NY 14454		501C3	PARISH OUTREACH CENTER	8,000.
GRANT MANAGERS NETWORK 1666 K STREET, NW SUITE 440 WASHINGTON, DC 20005		501C3	GRANT MANAGERS NETWORK	2,000.
GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS (GEO) 1725 DESALES STREET, NW, STE.404 WASHINGTON, DC 20036		501C3	GRANT MAKERS FORUM	1,390.
GRANTMAKERS IN AGING 2001 JEFFERSON DAVIS HIGHWAY SUITE 504 ARLINGTON, VA 22202		501C3	2019/2020 MEMBERSHIP	1,600.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GRANTMAKERS IN HEALTH 1100 CONNECTICUT AVENUE NW SUITE 1200 WASHINGTON, DC 20036		501C3	GRANTMAKERS IN HEALTH	9,520.
HEALTHY COMMUNITY ALLIANCE, INC, 1 SCHOOL STREET SUITE 100 GOWANDA, NY 14070		501C3	AGING BY DESIGN	25,000.
HEALTHY COMMUNITY ALLIANCE, INC, 1 SCHOOL STREET SUITE 100 GOWANDA, NY 14070		501C3	FELLOWS CALL TO ACTION	10,000.
HEALTHY COMMUNITY ALLIANCE, INC. 26 JAMESTOWN STREET GOWANDA, NY 14070		501C3	FAN 2019-2021	47,550.
HEALTHY COMMUNITY ALLIANCE, INC. 26 JAMESTOWN STREET GOWANDA, NY 14070		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	26,000.
HEARTS AND HANDS 2710 NORTH FOREST ROAD SUITE 2015 GETZVILLE, NY 14068		501C3	AGING BY DESIGN	12,000.
HOME HEADQUARTERS, INC. 538 ERIE BLVD., WEST SYRACUSE, NY 13204		501C3	FELLOWS COHORT 8	7,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	AGING BY DESIGN	30,000.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	INNOVATIONS IN CNY	12,347.
JERICHO ROAD MINISTRIES, INC. 184 BARTON STREET BUFFALO, NY 14213		501C3	ERIE COUNTY DSS CPS CHW PROJECT	30,000.
JERICHO ROAD MINISTRIES, INC. 184 BARTON STREET BUFFALO, NY 14213		501C3	AGING BY DESIGN	15,000.
JERICHO ROAD MINISTRIES, INC. 184 BARTON STREET BUFFALO, NY 14213		501C3	VIVE REFUGEE INFLUX FUNDING	10,000.
KEN-TON MEALS ON WHEELS 169 SHERIDAN PARKSIDE DRIVE TONAWANDA, NY 14150		501C3	AGING BY DESIGN	19,000.
LAKE PLAINS COMMUNITY CARE NETWORK 575 EAST MAIN STREET BATAVIA, NY 14020		501C3	FELLOWS PROGRAM - COHORT 7	9,999.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LOVE LIVING AT HOME 757 WARREN ROAD #4836 ITHACA, NY 14852		501C3	LOVE LIVING AT HOME	5,000.
MADISON COUNTY HEALTH DEPARTMENT PO BOX 605 WAMPSVILLE, NY 13163		GOVT	INNOVATIONS IN CNY	6,225.
MARCH OF DIMES FOUNDATION 3445 WINTON PLACE, SUITE 121 ROCHESTER, NY 14623		501C3	IMPLICIT PROJECT - WNY & CNY EXPANSION	150,000.
NATIONAL COUNCIL ON AGING, INC. 251 15TH STREET SOUTH SUITE 500 ARLINGTON, VA 22202		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	15,000.
NATIONAL COUNCIL ON AGING, INC. 251 15TH STREET SOUTH SUITE 500 ARLINGTON, VA 22202		501C3	AGING MASTERY PROGRAM	20,000.
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207		501C3	MIDWIFERY IN WESTERN NEW YORK	5,175.
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE, ROOM 562 NEW YORK, NY 10029		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	165,000.

Total from continuation sheets

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW YORK STATE ASSOCIATION FOR RURAL HEALTH, INC. 10 KENNEDY PARKWAY CORTLAND, NY 13045		501C3	NYSARH 2019 CONFERENCE SPONSORSHIP	5,000.
NEW YORK STATEWIDE SENIOR ACTION COUNCIL, INC. 275 STATE STREET ALBANY, NY 12210		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	13,000.
NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC. 61 DELANO STREET PULASKI, NY 13142		501C3	UPSTATE COMMUNITY HEALTH COLLABORATIVE IPA-PHASE 2	100,000.
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	2019 NY FUNDERS ALLIANCE ANNUAL CONFERENCE SPONSORSHIP	5,000.
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	STRATEGIC PLANNING - 2019/2020	5,000.
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	2020 MEMBERSHIP	5,500.
ORLEANS COUNTY OFFICE FOR THE AGING 14016 ROUTE 31W ALBION, NY 14411		GOVT	AGING BY DESIGN	26,000.
Total from continuation sheets				

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
P.E.A.C.E., INC. (PEOPLE'S EQUAL ACTION & COMMUNITY EFFORT) 217 SOUTH SALINA STREET, 2ND FLOOR SYRACUSE, NY 13202		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	10,000.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. 355 HARLEM ROAD, BLDG. C, 2ND FLOOR WEST SENECA, NY 14224		501C3	AGING MASTERY PROGRAM	173,150.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. 355 HARLEM ROAD, BLDG. C, 2ND FLOOR WEST SENECA, NY 14224		501C3	3.4.50	60,825.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. 355 HARLEM ROAD, BLDG. C, 2ND FLOOR WEST SENECA, NY 14224		501C3	LIVE WELL NY COALITION COMMUNITY OUTREACH	10,000.
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	AGING BY DESIGN	10,000.
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	50,000.
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	PARKWAY CENTER - PARKINSON'S SUPPORT SERVICES	7,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PEOPLE, INC. 1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221		501C3	FELLOWS PROGRAM - COHORT 7	14,900.
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM NY METRO CHAPTER, I 131 W. 33RD STREET 4TH FLOOR NEW YORK, NY 10001		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	7,500.
PINNACLE COMMUNITY SERVICES, INC. 1522 MAIN STREET NIAGARA FALLS, NY 14305		501C3	PCS MATERNITY GROUP HOME BRIDGE FUNDING	50,000.
POSITIVE DIRECTION AND ASSOCIATES, INC. 50 FOUNTAIN PLAZA SUITE 1400 BUFFALO, NY 14202		S CORP	MATERNAL CHILD HEALTH IN WNY	1,575.
POSTPARTUM RESOURCE CENTER OF NEW YORK 109 UDALL ROAD WEST ISLIP, NY 11795		501C3	POSTPARTUM TRAINING SCHOLARSHIP PROJECT	4,785.
PRIDE CENTER OF WNY 200 S. ELMWOOD AVE BUFFALO, NY 14201		501C3	AGING BY DESIGN	40,000.
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 14260-7016		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	10,811.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 14260-7016		501C3	FELLOWS CALL TO ACTION	10,000.
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 14260-7016		501C3	FALLS PREVENTION: NEXT STEPS - CONCEPT DEVELOPMENT	5,000.
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK PENFIELD LIBRARY, SUNY OSWEGO OSWEGO, NY 13126-3599		501C3	LIFE LONG LEARNING - SUNY OSWEGO	9,966.
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY THE UB COMMONS, SUITE 211, 520 LEE ENTRANCE AMHERST, NY 14228-2567		501C3	SEEKING SAFETY PARENTING ADAPTATION PART B	10,000.
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 12201-0009		501C3	RECOLLECTIONS: STORYTELLING THROUGH MEMENTOS	9,976.
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 12201-0009		501C3	COMMUNITY CAPACITY TO ADDRESS DEPRESSION - CONCEPT EXPLORATION	13,329.
RESOURCE CENTER FOR INDEPENDENT LIVING 409 COLUMBIA ST PO BOX 210 UTICA, NY 13503		501C3	AGING BY DESIGN	40,000.

Total from continuation sheets

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC. 150 STATE STREET, 4TH FLOOR ALBANY, NY 12207		501C3	SCHUYLER CENTER - MATERNAL DEPRESSION	86,000.
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC. 150 STATE STREET, 4TH FLOOR ALBANY, NY 12207		501C3	NYS CHILD CARE TASK FORCE	5,000.
SENIOR CITIZENS COUNCIL OF ROME 305 E LOCUST STREET ROME, NY 13440		501C3	COMMUNITY CAPACITY TO ADDRESS DEPRESSION - CONCEPT EXPLORATION	4,000.
SEVEN VALLEYS HEALTH COALITION, INC. 10 KENNEDY PARKWAY CORTLAND, NY 13045		501C3	CORTLAND FOOD RESCUE PROJECT	25,000.
SNAPCAP INC. 640 ELLICOTT STREET BUFFALO, NY 14203		501C3	SNAPCAP-IPA PHASE II	75,000.
SOUTHERN TIER HEALTH CARE SYSTEM, INC. ONE BLUE BIRD SQUARE OLEAN, NY 14760		501C3	STHCS CHILD SAFETY TEAM PLANNING	10,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	SYRACUSE JEWISH FAMILY SERVICES MIND AEROBICS	1,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	11,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	FELLOWS CALL TO ACTION	9,000.
SYRACUSE UNIVERSITY AGING STUDIES INSTITUTE 314 LYMAN HALL SYRACUSE, NY 13244-1020		501C3	EARLY IDENTIFICATION OF COGNITIVE IMPAIRMENT	11,110.
SYRACUSE UNIVERSITY MAXWELL XLAB 211 LYMAN HALL SYRACUSE, NY 13244		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	21,073.
THE CHILDREN'S AGENDA 1 SOUTH WASHINGTON STREET SUITE 120 ROCHESTER, NY 14614		501C3	THE CHILDREN'S AGENDA: KIDS CAN'T WAIT	77,000.
THE NEW YORK COMMUNITY TRUST 909 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10022		501C3	CENSUS 2020	10,000.
THE SERVICE COLLABORATIVE OF WNY, INC. 173 ELM STREET BUFFALO, NY 14203		501C3	ABLE EARLY CHILDHOOD PROGRAM	32,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94127		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	2,000.
TOMPKINS COUNTY OFFICE FOR THE AGING 320 NORTH TIOGA STREET ITHACA, NY 14850		501C3	AGING BY DESIGN	15,000.
TOMPKINS COUNTY OFFICE FOR THE AGING 320 NORTH TIOGA STREET ITHACA, NY 14850		GOVT	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	50,000.
UNITED HOSPITAL FUND 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018-3496		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	25,000.
UNITED WAY OF BUFFALO AND ERIE COUNTY 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	WNY INTEGRATED CARE COLLABORATIVE	112,426.
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	HELP ME GROW - CNY	87,500.
UNIVERSITY AT BUFFALO JACOBS SCHOOL OF MEDICINE AND BIOMEDIC 955 MAIN STREET ROOM 1201 BUFFALO, NY 14203		501C3	2019 SOCIETY OF STUDENT RUN FREE CLINICS CONFERENCE SPONSORSHIP	7,000.
Total from continuation sheets				

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. 310 EAST CAMPUS ROAD ATHENS, GA 30602		501C3	BUILDING EVIDENCE FOR RESPITE CARE	50,000.
VISITING NURSE SERVICE OF ITHACA & TOMPKINS COUNTY INC 105 VERA CIRCLE ITHACA, NY 14850		501C3	FELLOWS CALL TO ACTION	10,000.
WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC. 742 DELAWARE AVENUE BUFFALO, NY 14209		501C3	COMMUNITY CAPACITY TO ADDRESS DEPRESSION - CONCEPT EXPLORATION	5,000.
WESTERN NEW YORK PUBLIC BROADCASTING ASSOCIATION 140 LOWER TERRACE STREET BUFFALO, NY 14202		501C3	WBFO OLDER ADULT NEWS DESK	10,000.
YMCA BUFFALO NIAGARA 301 CAYUGA ROAD BUFFALO, NY 14225		501C3	YMCA ERIE/NIAGARA - EARLY LEARNING READINESS	90,000.
YMCA OF THE TWIN TIERS 1020 REED STREET OLEAN, NY 14760		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	10,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)**3b Grants and Contributions Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ADELPHI UNIVERSITY 1 SOUTH AVENUE GARDEN CITY, NY 11530		501C3	SOCIAL WORK PRACTICE FELLOWS EXPANSION IN CNY	59,700.
BISON CHILDREN'S SCHOLARSHIP FUND, INC. PO BOX 116 BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	100,000.
BOSTON FOUNDATION, INC. 75 ARLINGTON STREET 3RD FLOOR BOSTON, MA 02116		501C3	"COMMUNITIES CARE" WNY RESPITE PILOT	150,000.
BURCHFIELD PENNEY ART CENTER 1300 ELMWOOD AVENUE BUFFALO, NY 14222		501C3	ART MOVES ME	1,000.
CAYUGA COMMUNITY HEALTH NETWORK, INC. 2119 W. GENESEE STREET ROAD AUBURN, NY 13021		501C3	CCHN DOULA PROGRAM	60,900.
CENTER FOR GOVERNMENTAL RESEARCH (CGR) ONE SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614		501C3	BISON SCHOLARSHIP FUND	24,368.
CHAUTAUQUA COUNTY HEALTH NETWORK, INC. 200 HARRISON ST. SUITE 2 JAMESTOWN, NY 14701		501C3	CHAUTAUQUA COUNTY HEALTH NETWORK	1,100.
Total from continuation sheets				1,891,090.

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHAUTAUQUA COUNTY OFFICE FOR THE AGING 7 NORTH ERIE STREET MAYVILLE, NY 14757		GOVT	CHAUTAUQUA COUNTY OFA	1,700.
CHILD CARE SOLUTIONS 181 PARKSIDE AVENUE SYRACUSE, NY 13207		501C3	PROMOTING EARLY CHILDHOOD DEVELOPMENT THROUGH PLAYGROUPS	9,550.
COMMUNITY CONCERN OF WESTERN NEW YORK, INC. 6722 ERIE ROAD DERBY, NY 14047		501C3	COMMUNITY CONCERN -MEDICAID COMPLIANCE/PROTOCOL DEVELOPMENT	2,500.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE201 BUFFALO, NY 14210		501C3	AGING MASTERY PROGRAM	10,000.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE201 BUFFALO, NY 14210		501C3	INNOVATIONS IN CHILDREN'S HEALTH RFP PROGRAM	9,000.
COMMUNITY CONNECTIONS OF NY, INC. 567 EXCHANGE STREET, SUITE201 BUFFALO, NY 14210		501C3	NURTURING PARENT PROGRAM	31,991.
CORNELL COOPERATIVE EXTENSION 5657 STATE ROUTE 5 HERKIMER, NY 13350		501C3	INNOVATIONS IN CNY	12,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
D'YOUVILLE COLLEGE 320 PORTER AVENUE BUFFALO, NY 14201		501C3	D'YOUVILLE COLLEGE/HOSPICE BUFFALO-DR. IRA BYOCK EVENT	5,000.
EASTERN NIAGARA HOSPITAL, INC. 521 EAST AVENUE LOCKPORT, NY 14094		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT	1,300.
EDUCATION DEVELOPMENT CENTER, INC. 43 FOUNDRY AVENUE WALTHAM, MA 02453		501C3	NATIONAL COLLABORATORY TO ADDRESS ELDER MISTREATMENT	3,150.
ERIE COUNTY DEPARTMENT OF SENIOR SERVICES 95 FRANKLIN STREET, 13TH FLOOR BUFFALO, NY 14202		GOVT	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	10,946.
FSG, INC. 179 LINCOLN ST; SUITE 301 BOSTON, MA 02111		501C3	STRATEGIC PLANNING - 2019/2020	100,000.
HEALTHY COMMUNITY ALLIANCE, INC. 26 JAMESTOWN STREET GOWANDA, NY 14070		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	4,190.
HOME HEADQUARTERS, INC. 538 ERIE BLVD., WEST SYRACUSE, NY 13204		501C3	FELLOWS COHORT 8	1,500.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	INNOVATIONS IN CNY	12,347.
INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203		501C3	ONONDAGA COUNTY AGING SERVICES COALITION	25,000.
JERICHO ROAD MINISTRIES, INC. 184 BARTON STREET BUFFALO, NY 14213		501C3	ERIE COUNTY DSS CPS CHW PROJECT	30,000.
LIFESPAN OF GREATER ROCHESTER INC. 1900 S. CLINTON AVE ROCHESTER, NY 14618		501C3	LIFESPAN - COMMUNITY CARE CONNECTIONS	175,000.
LOVE LIVING AT HOME, INC. 757 WARREN ROAD #4836 ITHACA, NY 14852		501C3	LOVE LIVING AT HOME	5,000.
MADISON COUNTY HEALTH DEPARTMENT PO BOX 605 WAMPSVILLE, NY 13163		GOVT	INNOVATIONS IN CNY	6,225.
MARCH OF DIMES FOUNDATION 3445 WINTON PLACE, SUITE 121 ROCHESTER, NY 14623		501C3	IMPLICIT PROJECT - WNY & CNY EXPANSION	50,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NATIONAL COUNCIL ON AGING, INC. 251 15TH STREET SOUTH SUITE 500 ARLINGTON, VA 22202		501C3	AGING MASTERY PROGRAM	32,000.
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE, ROOM 562 NEW YORK, NY 10029		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	35,000.
NORTHERN OSWEGO COUNTY HEALTH SERVICES, INC. 61 DELANO STREET PULASKI, NY 13142		501C3	UPSTATE COMMUNITY HEALTH COLLABORATIVE IPA-PHASE 2	25,000.
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER 431 E. FAYETTE STREET SYRACUSE, NY 13202		501C3	PUBLIC POLICY FELLOW - NY FUNDER'S ALLIANCE	5,000.
P.E.A.C.E., INC. (PEOPLE'S EQUAL ACTION & COMMUNITY EFFORT) 217 SOUTH SALINA STREET, 2ND FLOOR SYRACUSE, NY 13202		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	5,000.
P2 COLLABORATIVE OF WESTERN NEW YORK, INC. 355 HARLEM ROAD, BLDG. C, 2ND FLOOR WEST SENECA, NY 14224		501C3	AGING MASTERY PROGRAM	10,000.
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	50,000.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501		501C3	PARKWAY CENTER - PARKINSON'S SUPPORT SERVICES	2,500.
PHYSICIANS FOR A NATIONAL HEALTH PROGRAM NY METRO CHAPTER, I 131 W. 33RD STREET 4TH FLOOR NEW YORK, NY 10001		501C3	BUILDING OUR ADVOCACY: HEALTH FOR ALL 2027	1,000.
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 14260-7016		501C3	FALLS PREVENTION: NEXT STEPS - CONCEPT DEVELOPMENT	1,000.
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 14260-7016		501C3	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	44,054.
SCHUYLER CENTER FOR ANALYSIS AND ADVOCACY INC. 150 STATE STREET, 4TH FLOOR ALBANY, NY 12207		501C3	SCHUYLER CENTER - MATERNAL DEPRESSION	86,000.
SEVEN VALLEYS HEALTH COALITION, INC. 10 KENNEDY PARKWAY CORTLAND, NY 13045		501C3	CORTLAND FOOD RESCUE PROJECT	17,500.
SNAPCAP INC. 640 ELLICOTT STREET BUFFALO, NY 14203		501C3	SNAPCAP-IPA PHASE II	100,000.
Total from continuation sheets				

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SYRACUSE COMMUNITY CONNECTION 401-425 SOUTH AVENUE SYRACUSE, NY 13204		501C3	EARLY IDENTIFICATION OF COGNITIVE IMPAIRMENT	14,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	SYRACUSE JEWISH FAMILY SERVICES MIND AEROBICS	1,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	4,000.
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	FELLOWS CALL TO ACTION	1,000.
THE RESEARCH FOUNDATION PO BOX 9 ALBANY, NY 12201		501C3	MOVERS AND MAKERS	46,690.
THE SERVICE COLLABORATIVE OF WNY, INC. 173 ELM STREET BUFFALO, NY 14203		501C3	ABLE EARLY CHILDHOOD PROGRAM	64,000.
TOMPKINS COUNTY OFFICE FOR THE AGING 320 NORTH TIOGA STREET ITHACA, NY 14850		GOVT	PARTNERSHIPS 4 HEALTHY COMMUNITIES - PHASE 2	49,989.
Total from continuation sheets				

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Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
UNITED WAY OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 200 SYRACUSE, NY 13220		501C3	HELP ME GROW ONONDAGA PHASE II	272,410.
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION, INC. 310 EAST CAMPUS ROAD ATHENS, GA 30602		501C3	BUILDING EVIDENCE FOR RESPITE CARE	24,980.
YMCA BUFFALO NIAGARA 301 CAYUGA ROAD BUFFALO, NY 14225		501C3	YMCA ERIE/NIAGARA - EARLY LEARNING READINESS	90,000.
YMCA OF THE TWIN TIERS 1020 REED STREET OLEAN, NY 14760		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	5,000.

Total from continuation sheets

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

2019

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name **HEALTH FOUNDATION FOR WESTERN & CENTRAL
NY**

Employer identification number
22-3804398

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

Part I Required Annual Payment

1	Total tax (see instructions)		1	113,807.
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 does not owe the penalty	3		113,807.
4	Enter the tax shown on the corporation's 2018 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		207,066.
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		113,807.

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/19	06/15/19	09/15/19	12/15/19
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			8,871.	27,298.
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			16,000.	
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				7,129.
13 Add lines 11 and 12	13			16,000.	7,129.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15			16,000.	7,129.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16			0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				20,169.
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			7,129.	

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 (2019)

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 4/15/2019 and before 7/1/2019	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2019 and before 10/1/2019	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2019 and before 1/1/2020	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2020 and before 7/1/2020	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2020 and before 10/1/2020	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2020 and before 1/1/2021	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2020 and before 3/16/2021	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 34; or the comparable line for other income tax returns	38 \$			419.

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

Part I Adjusted Seasonal Installment Method

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

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1 Enter taxable income for the following periods.					
a Tax year beginning in 2016	1a				
b Tax year beginning in 2017	1b				
c Tax year beginning in 2018	1c				
2 Enter taxable income for each period for the tax year beginning in 2019. 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 2016	3a				
b Tax year beginning in 2017	3b				
c Tax year beginning in 2018	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 (trusts only) for each payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19				

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	-192,883.	-182,378.	295,704.	1,356,344.
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	-1,157,298.	-729,512.	591,408.	1,808,454.
b	Extraordinary items (see instructions)	23b				
c	Add lines 23a and 23b	23c	-1,157,298.	-729,512.	591,408.	1,808,454.
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			11,828.	36,169.
25	Enter any alternative minimum tax (trusts only) for each payment period (see instructions)	25				
26	Enter any other taxes for each payment period. See instr.	26				
27	Total tax. Add lines 24 through 26	27			11,828.	36,169.
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			11,828.	36,169.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31			8,871.	36,169.

Part III Required Installments

		1st	2nd	3rd	4th	
		installment	installment	installment	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	0.	0.	8,871.	36,169.
33	Add the amounts in all preceding columns of line 38. See instructions	33				8,871.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0- ...	34			8,871.	27,298.
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	28,452.	28,452.	28,451.	28,452.
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		28,452.	56,904.	76,484.
37	Add lines 35 and 36	37	28,452.	56,904.	85,355.	104,936.
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	0.	0.	8,871.	27,298.

Form 2220 (2019)

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

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

Name(s) HEALTH FOUNDATION FOR WESTERN & CENTRAL NY					Identifying Number 22-3804398
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
09/15/19	8,871.	8,871.			
09/15/19	-16,000.	-7,129.			
12/15/19	27,298.	20,169.	16	.000136986	44.
12/31/19	0.	20,169.	136	.000136612	375.

Penalty Due (Sum of Column F) **419.**

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

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICLY TRADED INVESTMENTS					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	11,038,521.	10,805,181.	0.	0.	233,340.

(A) DESCRIPTION OF PROPERTY			MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
NONPUBLICLY TRADED INVESTMENTS					
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
	10,673,670.	9,923,248.	0.	0.	750,422.

CAPITAL GAINS DIVIDENDS FROM PART IV	53,291.
TOTAL TO FORM 990-PF, PART I, LINE 6A	1,037,053.

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	1,026,273.	0.	1,026,273.	1,026,273.	
PUBLICLY TRADED INVESTMENTS	53,291.	53,291.	0.	0.	
PUBLICLY TRADED INVESTMENTS	843,383.	0.	843,383.	843,383.	
TO PART I, LINE 4	1,922,947.	53,291.	1,869,656.	1,869,656.	

FORM 990-PF

OTHER INCOME

STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - PRI PASSED THROUGH K-1S	4,602.	4,602.	
RETURNED GRANT FUNDS	0.	4,030,376.	
	54,535.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	59,137.	4,034,978.	

FORM 990-PF

LEGAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,229.	0.		3,229.
TO FM 990-PF, PG 1, LN 16A	3,229.	0.		3,229.

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	24,100.	6,025.		18,075.
TO FORM 990-PF, PG 1, LN 16B	24,100.	6,025.		18,075.

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	958,312.	958,312.		0.
EVALUATION CONSULTANTS	813,997.	0.		813,997.
PROGRAM CONSULTANTS	33,926.	0.		33,926.
TO FORM 990-PF, PG 1, LN 16C	1,806,235.	958,312.		847,923.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES PASSED THROUGH K-1	132,006. 0.	0. 75,643.		0. 0.
TO FORM 990-PF, PG 1, LN 18	132,006.	75,643.		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	101,413.	0.		101,413.
OFFICE EXPENSE	92,334.	0.		92,334.
INSURANCE	5,476.	0.		5,476.
SPONSORED EVENTS	49,077.	0.		49,077.
MAINTENANCE EXPENSE	34,914.	0.		34,914.
MISCELLANEOUS EXPENSE	18,014.	0.		18,014.
NYS FILING FEES	1,500.	0.		1,500.
MEMBERSHIP DUES PASSED THROUGH K-1	7,634. 0.	0. 192,150.		7,634. 0.
TO FORM 990-PF, PG 1, LN 23	310,362.	192,150.		310,362.

FORM 990-PF

CORPORATE STOCK

STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
VANGUARD TOTAL INTL STOCK	3,091,367.	3,091,367.
VANGUARD EMG MARKETS INDEX	3,391,064.	3,391,064.
EDGEWOOD	6,204,894.	6,204,894.
HARBOR DIVERSIFIED	7,968,461.	7,968,461.
ARISTOTLE SMALL CAP EQUITY FUND	2,197,289.	2,197,289.
TOTAL TO FORM 990-PF, PART II, LINE 10B	22,853,075.	22,853,075.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG REALTY VALUE FUND X, LP	FMV	387,973.	387,973.
DAVIDSON KEMPNER INSTITUTIONAL PARTNERS, LP	FMV	3,881,094.	3,881,094.
DRAKE	FMV	8,814,587.	8,814,587.
DRUM SPECIAL SITUATIONS PARTNERS IV LP	FMV	583,048.	583,048.
FPA CRESCENT	FMV	1,914,600.	1,914,600.
GOVERNORS LANE OFFSHORE FUND, LTD	FMV	1,992,756.	1,992,756.
GREENSPRING GLOBAL PARTNERS IX LP	FMV	502,184.	502,184.
GREENSPRING GLOBAL PARTNERS VIII LP	FMV	728,588.	728,588.
LAKEWOOD CAPITAL OFFSHORE FUND, LTD	FMV	2,206,626.	2,206,626.
LANDMARK EQUITY PARTNERS XVI LP	FMV	572,679.	572,679.
RCP FUND XI	FMV	967,390.	967,390.
RCP FUND XII	FMV	604,214.	604,214.
RIVERSIDE CAPITAL APPRECIATION FUND VII-A, LP	FMV	349,834.	349,834.
SEAPORT GLOBAL PROPERTY SECURITIES FUND, L.P (AEW)	FMV	6,462,206.	6,462,206.
SILCHESTER	FMV	18,678,464.	18,678,464.
SOUTHPOINT QUALIFIED OFFSHORE FUND, LTD	FMV	2,386,502.	2,386,502.
SSGA 500 INDEX	FMV	14,751,461.	14,751,461.
SSGA CUSTOM REAL ASSET	FMV	5,852,286.	5,852,286.
SSGA MIDCAP 400 NL	FMV	9,285,397.	9,285,397.
T ROWE PRICE	FMV	6,375,506.	6,375,506.
THE RESOLUTE FUND IV, L.P	FMV	585,098.	585,098.
VANGUARD INT GOVT BOND INDEX	FMV	1,959,661.	1,959,661.
VANGUARD INTERMEDIATE	FMV	6,526,534.	6,526,534.
VARDE CREDIT PARTNERS (OFFSHORE), LTD	FMV	2,046,311.	2,046,311.
WELLINGTON EMERGING MARKETS LOCAL EQUITY (2)	FMV	2,385,122.	2,385,122.
WELLINGTON SMID CAP RESEARCH EQUITY	FMV	3,829,738.	3,829,738.
WNY IMPACT FUND	FMV	552,150.	552,150.
TOTAL TO FORM 990-PF, PART II, LINE 13		105,182,009.	105,182,009.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE-(2)4DR LATERAL FILES	734.	734.	0.
FILE CABINET	580.	580.	0.
BOOKCASES	366.	366.	0.
LEASEHOLD IMPROVEMENTS-LARKIN	12,427.	12,427.	0.
8 CHAIRS (KNOLL)	3,557.	3,557.	0.
4 RECTANGULAR TABLES	777.	777.	0.
SYRACUSE IMPROVEMENT	20,000.	17,736.	2,264.
BUFFALO IMPROVEMENTS	56,566.	49,498.	7,068.

OFFICE FURNITURE - BUFFALO	8,833.	8,833.	0.
VIDEO CONFERENCING EQUIPMENT - BUFFALO	47,194.	47,194.	0.
VIDEO CONFERENCE UPGRADE ERGONOMIC CHAIRS & OFFICE FURNITURE	7,105.	7,105.	0.
VIDEO 190 - UPGRADE TO CONFERENCE ROOM	6,264.	6,264.	0.
MONITORS AND PROJECTOR FURNITURE	467.	467.	0.
SIGN IN FRONT OFFICE	1,518.	1,518.	0.
RE/FE SOFTWARE	830.	830.	0.
GE SOFTWARE	3,150.	3,150.	0.
GE IMPLEMENTATION	45,453.	45,453.	0.
PRESIDENT'S OFFICE GUEST CHAIRS	42,545.	42,545.	0.
POLYCOM - SYRACUSE	3,555.	3,555.	0.
POLYCOM - BUFFALO	1,075.	1,075.	0.
DELL SERVER	959.	959.	0.
BUFFALO OFFICE EXPANSION 2014	1,457.	1,457.	0.
BUFFALO OFFICE FURNITURE	4,903.	4,903.	0.
TERMINAL SERVER	82,478.	45,363.	37,115.
REPLACEMENT UPS	23,721.	12,849.	10,872.
COMPUTER AND TWO MONITORS	6,615.	6,615.	0.
COMPUTER - PRESIDENTS OFFICE	950.	950.	0.
LOGITECH HD PRO WEBCAMS	1,077.	1,077.	0.
OFFICE ART PROJECT	770.	718.	52.
SYRACUSE OFFICE FURNITURE	783.	783.	0.
LCO BUFFALO OFFICE PAINTING	11,353.	9,263.	2,090.
HP PROBOOK 655 G1 15.6"	9,167.	5,347.	3,820.
NOTEBOOK	1,260.	1,008.	252.
HP 2012 230 W DOCKING STATION	834.	612.	222.
LOCKING BOOKCASE	236.	165.	71.
NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	258.	181.	77.
ZULTYS VOIP PHONE SYSTEM	1,683.	1,279.	404.
HP PROBOOK 450 G3 15.6"	23,863.	8,352.	15,511.
TOUCHSCREEN NOTEBOOK	865.	865.	0.
LAPTOP AND DOCKING STATION	1,030.	1,030.	0.
HFWCNY HALL SIGN	1,005.	1,005.	0.
FIVE DRAWER FILE CABINET	1,053.	489.	564.
DELL OPTIPLEX 3040 DESKTOP COMPUTER	1,129.	941.	188.
PRO BOOK (HP) DOCKING STATION/MONITORS	1,801.	1,500.	301.
FURNITURE FOR PRESIDENT'S OFFICE	10,408.	2,777.	7,631.
4 - VARICHAIRS	762.	245.	517.
8 - VARIDESKS	5,166.	1,660.	3,506.
RICOH COLOR COPIER	8,905.	1,707.	7,198.
SMALL TRAVEL LAPTOP - PRESIDENT	1,680.	1,073.	607.
BROTHER PRINTER - PRESIDENT'S OFFICE	380.	190.	190.
5 - DOCKING STATIONS	1,493.	747.	746.
5-DELL LAPTOPS _ PROGRAM TEAM	6,795.	3,397.	3,398.
SONIC WALL	1,607.	982.	625.
VP OF FINANCE COMPUTER	1,334.	630.	704.

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OFFICE MANAGER COMPUTER	1,334.	630.	704.
GRANTS MANAGER COMPUTER	1,333.	629.	704.
VP OF FINANCE - MONITORS	488.	230.	258.
OFFICE MANAGER - MONITORS	488.	230.	258.
GRANTS MANAGER - MONITORS	488.	230.	258.
SERVER OPERATING SYSTEM_MS			
OFFICE LICENSES	499.	353.	146.
SYRACUSE OFFICE PAINTING	4,300.	1,147.	3,153.
DELL LAPTOP CUSTOM BUILT	1,567.	653.	914.
DELL DOCKING STATION	295.	123.	172.
RICOH COPY MACHINE	5,936.	594.	5,342.
SYRACUSE OFFICE FURNITURE - 2019	11,416.	1,142.	10,274.
RICOH PROJECTOR	1,525.	381.	1,144.
2 - VARICHAIRS	390.	37.	353.
HP PROBOOK 455R	742.	103.	639.
HP DOCKING STATION	239.	33.	206.
2 - 24" DELL MONITORS	472.	66.	406.
CONFERENCE ROOM LAPTOP	739.	82.	657.
SONIC WALL NETWORK FIREWALL	880.	24.	856.
TOTAL TO FM 990-PF, PART II, LN 14	513,907.	381,470.	132,437.

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DEFERRED COMPENSATION	241,575.	209,231.	209,231.
PROGRAM RELATED INVESTMENT	160,560.	114,741.	114,741.
TO FORM 990-PF, PART II, LINE 15	402,135.	323,972.	323,972.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 13
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
DEFERRED COMPENSATION LIABILITY	241,575.	209,231.	
TOTAL TO FORM 990-PF, PART II, LINE 22	241,575.	209,231.	

FORM 990-PF

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

STATEMENT 14

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

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22-3804398

CARRIE B. FRANK 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
JOANNE E. HAEFNER 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MARYBETH K. MCCALL, M.D. 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
DAVID A. MILLING, MD 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
CYNTHIA RICH 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	TRUSTEE 4.00	0.	0.	0.
MICHAEL D. SHAFFER, CPA 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
CAROL WHITWOOD 431 E. FAYETTE STREET, SUITE 250 SYRACUSE, NY 13202	TRUSTEE 4.00	0.	0.	0.
NORA OBRIEN-SURIC 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	PRESIDENT 40.00	239,040.	11,065.	0.
CAROL QUARANTILLO 726 EXCHANGE STREET, SUITE 518 BUFFALO, NY 14210	VICE PRESIDENT OF FINANCE 40.00	129,985.	21,961.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>369,025.</u>	<u>33,026.</u>	<u>0.</u>

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 15

ACTIVITY ONE

PARTNERSHIPS FOR HEALTHY COMMUNITIES PHASE 2 - DEVELOPMENT AND IMPLEMENTATION OF A STATEWIDE LEARNING COLLABORATIVE THAT WILL GUIDE A COHORT OF TEAMS THROUGH THE PROCESS OF OPERATIONALIZING HEALTH AND AGE ACROSS ALL POLICIES TO ALIGN WITH STATE-LEVEL GUIDANCE.

EXPENSES

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

320,000.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY FOUR

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

EXPENSES

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

399,450.

FORM 990-PF

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

STATEMENT 17

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

(716)852-3030

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	FURNITURE-(2)4DR LATERAL FILES	11/06/02	SL	.000		16	734.				734.	734.		0.	734.
29	FILE CABINET	04/08/03	SL	.000		16	580.				580.	580.		0.	580.
30	BOOKCASES	08/01/03	SL	.000		16	366.				366.	366.		0.	366.
41	LEASEHOLD IMPROVEMENTS-LARKIN	03/29/07	SL	.000		16	12,427.				12,427.	12,427.		0.	12,427.
43	8 CHAIRS (KNOLL)	06/02/10	SL	.000		16	3,557.				3,557.	3,557.		0.	3,557.
44	4 RECTANGULAR TABLES	06/02/10	SL	.000		16	777.				777.	777.		0.	777.
48	SYRACUSE IMPROVEMENT	12/20/10	SL	.000		16	20,000.				20,000.	17,736.		0.	17,736.
49	BUFFALO IMPROVEMENTS	12/20/10	SL	.000		16	56,566.				56,566.	49,498.		0.	49,498.
50	OFFICE FURNITURE - BUFFALO	12/21/10	SL	.000		16	8,833.				8,833.	8,833.		0.	8,833.
55	VIDEO CONFERENCING EQUIPMENT - BUFFALO	04/08/11	SL	.000		16	47,194.				47,194.	47,194.		0.	47,194.
65	VIDEO CONFERENCE UPGRADE	05/31/12	SL	.000		16	7,105.				7,105.	7,105.		0.	7,105.
67	ERGONOMIC CHAIRS & OFFICE FURNITURE	07/16/12	SL	.000		16	6,264.				6,264.	6,264.		0.	6,264.
68	VIDEO 190 - UPGRADE TO CONFERENCE ROOM	07/02/12	SL	.000		16	467.				467.	467.		0.	467.
69	MONITORS AND PROJECTOR	08/22/12	SL	.000		16	1,518.				1,518.	1,518.		0.	1,518.
70	FURNITURE	08/22/12	SL	.000		16	830.				830.	830.		0.	830.
71	SIGN IN FRONT OFFICE	09/14/12	SL	.000		16	3,150.				3,150.	3,150.		0.	3,150.
75	RE/FE SOFTWARE	01/01/13	SL	.000		16	45,453.				45,453.	45,453.		0.	45,453.
76	GE SOFTWARE	01/01/13	SL	.000		16	42,545.				42,545.	42,545.		0.	42,545.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
79	GE IMPLEMENTATION	01/01/13	SL	.000		16	3,555.				3,555.	3,555.		0.	3,555.
82	PRESIDENT'S OFFICE GUEST CHAIRS	08/12/13	SL	.000		16	1,075.				1,075.	1,075.		0.	1,075.
83	POLYCOM - SYRACUSE	08/01/13	SL	.000		16	959.				959.	959.		0.	959.
84	POLYCOM - BUFFALO	08/01/13	SL	.000		16	1,457.				1,457.	1,457.		0.	1,457.
85	DELL SERVER	08/01/13	SL	.000		16	4,903.				4,903.	4,903.		0.	4,903.
93	BUFFALO OFFICE EXPANSION 2014	07/15/14	SL	.000		16	82,478.				82,478.	45,363.		0.	45,363.
94	BUFFALO OFFICE FURNITURE	08/01/14	SL	.000		16	23,721.				23,721.	12,849.		0.	12,849.
96	TERMINAL SERVER	10/17/14	SL	.000		16	6,615.				6,615.	6,615.		0.	6,615.
98	REPLACEMENT UPS	12/23/14	SL	.000		16	950.				950.	950.		0.	950.
99	COMPUTER AND TWO MONITORS	01/14/15	SL	.000		16	1,077.				1,077.	1,077.		0.	1,077.
101	COMPUTER - PRESIDENTS OFFICE	05/01/15	SL	.000		16	770.				770.	718.		0.	718.
102	LOGITECH HD PRO WEBCAMS	07/01/15	SL	.000		16	783.				783.	783.		0.	783.
107	OFFICE ART PROJECT	12/31/15	SL	.000		16	11,353.				11,353.	9,263.		0.	9,263.
108	SYRACUSE OFFICE FURNITURE	12/08/15	SL	.000		16	9,167.				9,167.	5,347.		0.	5,347.
109	LCO BUFFALO OFFICE PAINTING	01/01/16	SL	.000		16	1,260.				1,260.	1,008.		0.	1,008.
110	HP PROBOOK 655 G1 15.6" NOTEBOOK	05/01/16	SL	.000		16	834.				834.	612.		0.	612.
111	HP 2012 230 W DOCKING STATION	05/31/16	SL	.000		16	236.				236.	165.		0.	165.
112	LOCKING BOOKCASE	05/01/16	SL	.000		16	258.				258.	181.		0.	181.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
113	NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	07/13/16	SL	.000		16	1,683.				1,683.	1,279.		0.	1,279.
114	ZULTYS VOIP PHONE SYSTEM	07/20/16	SL	.000		16	23,863.				23,863.	8,352.		0.	8,352.
115	HP PROBOOK 450 G3 15.6" TOUCHSCREEN NOTEBOOK	08/15/16	SL	.000		16	865.				865.	865.		0.	865.
116	LAPTOP AND DOCKING STATION	08/01/16	SL	.000		16	1,030.				1,030.	1,030.		0.	1,030.
117	HFWCNY HALL SIGN	09/14/16	SL	.000		16	1,005.				1,005.	1,005.		0.	1,005.
118	FIVE DRAWER FILE CABINET	10/14/16	SL	.000		16	1,053.				1,053.	489.		0.	489.
119	DELL OPTIPLEX 3040 DESKTOP COMPUTER	01/01/17	SL	.000		16	1,129.				1,129.	941.		0.	941.
120	PRO BOOK (HP) DOCKING STATION/MONITORS	02/20/17	SL	.000		16	1,801.				1,801.	1,500.		0.	1,500.
121	FURNITURE FOR PRESIDENT'S OFFICE	05/01/17	SL	.000		16	10,408.				10,408.	2,777.		0.	2,777.
122	4 - VARICHAIRS	10/01/17	SL	.000		16	762.				762.	245.		0.	245.
123	8 - VARIDESKS	10/01/17	SL	.000		16	5,166.				5,166.	1,660.		0.	1,660.
124	RICOH COLOR COPIER	02/01/18	SL	.000		16	8,905.				8,905.	1,707.		0.	1,707.
125	SMALL TRAVEL LAPTOP - PRESIDENT	02/26/18	SL	.000		16	1,680.				1,680.	1,073.		0.	1,073.
126	BROTHER PRINTER - PRESIDENT'S OFFICE	02/26/18	SL	.000		16	380.				380.	190.		0.	190.
127	5 - DOCKING STATIONS	02/26/18	SL	.000		16	1,493.				1,493.	747.		0.	747.
128	5-DELL LAPTOPS _ PROGRAM TEAM	02/26/18	SL	.000		16	6,795.				6,795.	3,397.		0.	3,397.
129	SONIC WALL	03/01/18	SL	.000		16	1,607.				1,607.	982.		0.	982.
130	VP OF FINANCE COMPUTER	08/14/18	SL	.000		16	1,334.				1,334.	630.		0.	630.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
131	OFFICE MANAGER COMPUTER	08/14/18	SL	.000		16	1,334.				1,334.	630.		0.	630.
132	GRANTS MANAGER COMPUTER	08/14/18	SL	.000		16	1,333.				1,333.	629.		0.	629.
133	VP OF FINANCE - MONITORS	08/14/18	SL	.000		16	488.				488.	230.		0.	230.
134	OFFICE MANAGER - MONITORS	08/14/18	SL	.000		16	488.				488.	230.		0.	230.
135	GRANTS MANAGER - MONITORS	08/30/18	SL	.000		16	488.				488.	230.		0.	230.
136	SERVER OPERATING SYSTEM_MS OFFICE LICENSES	08/14/18	SL	.000		16	499.				499.	353.		0.	353.
137	SYRACUSE OFFICE PAINTING	09/01/18	SL	.000		16	4,300.				4,300.	1,147.		0.	1,147.
138	DELL LAPTOP CUSTOM BUILT	10/22/18	SL	.000		16	1,567.				1,567.	653.		0.	653.
139	DELL DOCKING STATION	10/22/18	SL	.000		16	295.				295.	123.		0.	123.
140	RICOH COPY MACHINE	01/24/19	SL	.000		16	5,936.				5,936.	594.		0.	594.
141	SYRACUSE OFFICE FURNITURE - 2019	01/09/19	SL	.000		16	11,416.				11,416.	1,142.		0.	1,142.
142	RICOH PROJECTOR	04/12/19	SL	.000		16	1,525.				1,525.	381.		0.	381.
143	2 - VARICHAIRS	05/01/19	SL	.000		16	390.				390.	37.		0.	37.
144	HP PROBOOK 455R	08/16/19	SL	.000		16	742.				742.	103.		0.	103.
145	HP DOCKING STATION	08/16/19	SL	.000		16	239.				239.	33.		0.	33.
146	2 - 24" DELL MONITORS	08/16/19	SL	.000		16	472.				472.	66.		0.	66.
147	CONFERENCE ROOM LAPTOP	09/15/19	SL	.000		16	739.				739.	82.		0.	82.
148	SONIC WALL NETWORK FIREWALL	12/31/19	SL	.000		16	880.				880.	24.		0.	24.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990-PF PG 1 DEPR						513,907.				513,907.	381,470.		0.	381,470.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						491,568.			0.	491,568.	379,008.			379,008.
	ACQUISITIONS						22,339.			0.	22,339.	2,462.			2,462.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						513,907.			0.	513,907.	381,470.			381,470.
	ENDING ACCUM DEPR											381,470.			
	ENDING BOOK VALUE											132,437.			

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

2019

For calendar year 2019 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).

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HEALTH FOUNDATION FOR WESTERN & CENTRAL NY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 726 EXCHANGE ST., NO. 518</p> <p>City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14210</p>	<p>D Employer identification number (Employees' trust, see instructions.) 22-3804398</p> <p>E Unrelated business activity code (See instructions.) 523000</p>
--	-------------------------------------	---	---

<p>C Book value of all assets at end of year 129,786,054.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>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</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 18**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **NORA OBRIEN-SURIC** 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 a partnership or an S corporation (attach statement)	5	-58,598.	-58,598.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule 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	-58,598.	-58,598.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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) (see instructions)	18		
19 Taxes and licenses	19		250.
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27		
28 Total deductions. Add lines 14 through 27	28		250.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		-58,848.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	SEE STATEMENT 19	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		-58,848.

Part III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 -58,848.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35 -58,848.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 20	36 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -58,848.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 -58,848.

Part IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

Part V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b	Other credits (see instructions)	46b
c	General business credit. Attach Form 3800	46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a	Payments: A 2018 overpayment credited to 2019	51a 5,000.
b	2019 estimated tax payments	51b
c	Tax deposited with Form 8868	51c
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e	Backup withholding (see instructions)	51e
f	Credit for small employer health insurance premiums (attach Form 8941)	51f
g	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	51g
52	Total payments. Add lines 51a through 51g	52 5,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 5,000.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 5,000. Refunded	56 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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
58	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
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

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.

Sign Here 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 MICHAEL J. GRIMALDI, CPA	Preparer's signature <i>Michael J. Grimaldi</i>	Date 11/10/20	Check if self-employed	PTIN 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	

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

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

(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).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8		0.	0.
			0.

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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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)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	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)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		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)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			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 (2019)

HEALTH FOUNDATION FOR WESTERN & CENTRAL

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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 26. 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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 18

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

TO FORM 990-T, PAGE 1

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 19

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	16,474.	0.	16,474.	16,474.
NOL CARRYOVER AVAILABLE THIS YEAR			16,474.	16,474.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 20

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	48,971.	0.	48,971.	48,971.
NOL CARRYOVER AVAILABLE THIS YEAR			48,971.	48,971.

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

Name of person filing this return HEALTH FOUNDATION FOR WESTERN & CENTRAL NY	Filer's identification number 22-3804398
--	--

Filer's address (if you aren't filing this form with your tax return)	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
	B Filer's tax year beginning JAN 1 , 2019, and ending DEC 31 , 2019

C Filer's share of liabilities: Nonrecourse \$ _____ Qualified nonrecourse financing \$ _____ Other \$ _____

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name	EIN
Address	

E Check if any excepted specified foreign financial assets are reported on this form. See instructions

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
GREENSPRING GLOBAL PARTNERS VIII-B, LP

100 PAINTERS MILL RD SUITE 700 OWINGS MILL, MD 21117

2(a) EIN (if any) 98-1335583
2(b) Reference ID number
3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization 11/04/2016	5 Principal place of business	6 Principal business activity code number 523900	7 Principal business activity INVESTMENT	8a Functional currency US DOLLAR	8b Exchange rate (see instructions) 1.000000
--	--------------------------------------	---	---	---	---

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States GREENSPRING ASSOCIATES, INC. 100 PAINTERS MILL ROAD SUITE 700 OWINGS MILLS, MD 21117	2 Check if the foreign partnership must file: Form 1042 <input type="checkbox"/> Form 8804 <input type="checkbox"/> <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed: E-FILE
---	--

3 Name and address of foreign partnership's agent in country of organization, if any MAPLES CORPORATE SERVICES LIMITED PO BOX 309 UGLAND HOUSE, GRAND CAYMAN CAYMAN ISL	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different GREENSPRING ASSOCIATES, INC. 100 PAINTERS MILL ROAD SUITE 700 OWINGS MILLS, MD 21117
--	--

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions

If "Yes," enter the total amount of the disallowed deductions \$ _____

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?

7 Were any special allocations made by the foreign partnership?

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

9 How is this partnership classified under the law of the country in which it's organized? **LIMITED PARTNERSHIP**

10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?

11 Does this partnership meet **both** of the following requirements?
 1. The partnership's total receipts for the tax year were less than \$250,000.
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
 If "Yes," don't complete Schedules L, M-1, and M-2.

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? ▶ **Yes** **No**
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ _____
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ _____
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ _____
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? ▶ **Yes** **No**
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions ▶ **Yes** **No**
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment ▶ **Yes** **No**

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of general partner or limited liability company member ▶ _____ Date

Paid Preparer Use Only	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest **b** Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? ▶ **Yes** **No**

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
GREENSPRING GLOBAL PARTNER	100 PAINTERS MILL ROAD SUI	81-4458274		
	OWINGS MILLS, MD 21117			

**SCHEDULE O
(Form 8865)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Transfer of Property to a Foreign Partnership
(Under Section 6038B)**

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

Name of transferor **HEALTH FOUNDATION FOR WESTERN & CENTRAL
NY** Filer's identifying number **22-3804398**

Name of foreign partnership **GREENSPRING GLOBAL PARTNERS VIII-** EIN (if any) **98-1335583** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions **Yes No**
b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? **Yes No**
2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Yes No**

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			250,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			250,000.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.1970** % (b) After the transfer **.1930** %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? **Yes No**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2018

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor HEALTH FOUNDATION FOR WESTERN & CENTRAL NY	Identifying number (see instructions) 22-3804398
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? **Yes** **No**
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? **Yes** **No**
- b** Did the transferor remain in existence after the transfer? **Yes** **No**
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? **Yes** **No**
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? **Yes** **No**

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? **Yes** **No**
- c** Is the partner disposing of its **entire** interest in the partnership? **Yes** **No**
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? **Yes** **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) DKIP (CAYMAN) LTD II	5a Identifying number, if any
---	-------------------------------

6 Address (including country) 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS	5b Reference ID number N/A
--	--------------------------------------

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? **Yes** **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			337,427.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? **Yes** **No**
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? **Yes** **No**
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? **Yes** **No**
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Yes** **No**

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .044 % (b) After .045 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) **Yes** **No**
 - b Gain recognition under section 904(f)(5)(F) **Yes** **No**
 - c Recapture under section 1503(d) **Yes** **No**
 - d Exchange gain under section 987 **Yes** **No**
- 19 Did this transfer result from a change in entity classification? **Yes** **No**
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) **Yes** **No**
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? **Yes** **No**
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions **Yes** **No**

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor HEALTH FOUNDATION FOR WESTERN & CENTRAL NY	Identifying number (see instructions) 22-3804398
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? **Yes** **No**
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? **Yes** **No**
- b** Did the transferor remain in existence after the transfer? **Yes** **No**
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? **Yes** **No**
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? **Yes** **No**

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? **Yes** **No**
- c** Is the partner disposing of its **entire** interest in the partnership? **Yes** **No**
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? **Yes** **No**

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) AG REALTY VALUE X INVESTMENTS LP	5a Identifying number, if any 98-1410232
---	--

6 Address (including country) 5300 COMMERCE COURT W, 199 BAY ST. TORONTO, ONTARIO M5L 1B9 CA CANADA	5b Reference ID number N/A
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7 Country code of country of incorporation or organization
CA

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? **Yes** **No**

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			189,237.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? **Yes** **No**
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? **Yes** **No**
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? **Yes** **No**
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Yes** **No**

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ▶ **IRC SECTION 351**
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) **Yes** **No**
 - b Gain recognition under section 904(f)(5)(F) **Yes** **No**
 - c Recapture under section 1503(d) **Yes** **No**
 - d Exchange gain under section 987 **Yes** **No**
- 19 Did this transfer result from a change in entity classification? **Yes** **No**
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) **Yes** **No**
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? **Yes** **No**
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions **Yes** **No**

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

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019		
Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	Name of Organization: HEALTH FOUNDATION FOR WESTERN & CENTRAL	Employer Identification Number (EIN): 22-3804398
	Mailing Address: 726 EXCHANGE ST., NO. 518	NY Registration Number: 07-09-62
	City / State / ZIP: BUFFALO, NY 14210	Telephone: 716 881-5600
	Website: WWW.HFWCNY.ORG	Email:
Check your organization's registration category: 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* <input type="checkbox"/> 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	VINCENT J. MANCUSO TREASURER	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 <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,500.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*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

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)).

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



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 & CENTR
NY

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 22-3804398

5 File number (FCC)

5. MM4

6 Period beginning date (mm-dd-yy)

6. 01-01-19

7 Period ending date (mm-dd-yy)

7. 12-31-19

8 Amended (Y=1; N=0)

8. 0

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

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 523000

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

12.

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

13.

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

14.

15 Tax due/MTA surcharge

15. 250.00

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

16.

17 Balance due

17.

18 Amount of overpayment credited to next period - NYS

18.

19 Refund of overpayment

19.

20 Refund of unused tax credits

20.

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

21.

22 Amount of overpayment credited to next period - MTA

22.

23 Amount of MTA surcharge retaliatory tax credit to be refunded

23.

24 Fixed dollar minimum

24.

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

25. -

26 New York receipts

26.

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

27.

28 Paid preparer's EIN

28. 16-0765486

29 Preparer's NYTPRIN

29.

30 Excl. code

30. 03

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12-11-19

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For office use only

Form CT-186-E filers only

31	Excise tax on telecommunication services - NYS	31.	<input type="text"/>	<input type="text"/>
32	Excise tax on mobile telecommunication services subject to the 2.9% rate	32.	<input type="text"/>	<input type="text"/>
33	Total excise tax on telecommunication services	33.	<input type="text"/>	<input type="text"/>
34	Tax on gross income - NYS	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to non-mobile telecommunication services	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	36.	<input type="text"/>	<input type="text"/>
37	Total MTA surcharge related to telecommunication services	37.	<input type="text"/>	<input type="text"/>
38	MTA surcharge on gross income	38.	<input type="text"/>	<input type="text"/>
39	Balance due - NYS	39.	<input type="text"/>	<input type="text"/>
40	Balance due - MTA	40.	<input type="text"/>	<input type="text"/>
41	Provided telecommunication services in the MCTD this year? <i>(None = 0, Y = 1, N = 2, Both = 3)</i>	41.	<input type="text"/>	<input type="text"/>
42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? <i>(None = 0, Y = 1, N = 2, Both = 3)</i>	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - NYS	43.	<input type="text"/>	<input type="text"/>
44	Overpayment credited to next year's tax - MTA	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - NYS	45.	<input type="text"/>	<input type="text"/>
46	Refund of overpayment - MTA	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - NYS	47.	<input type="text"/>	<input type="text"/>
48	Refund of unused tax credits - MTA	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - NYS	49.	<input type="text"/>	<input type="text"/>
50	Refundable tax credits to be credited to next year's tax - MTA	50.	<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 **01-01-19** ending **12-31-19**

Employer identification number (EIN) 22-3804398	File number MM4	Business telephone number 716-852-3030	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation HEALTH FOUNDATION FOR WESTERN & CENTRAL NY		Trade name/DBA	
Mailing name (if different from legal name above) c/o	State or country of incorporation NEW YORK	Date received (for Tax Department use only)	
Number and street or PO box 726 EXCHANGE ST., NO. 518	Date of incorporation 03-16-01		
City BUFFALO, NY	State NY	ZIP code 14210	Foreign corporations: date began business in NYS 06-30-13
NAICS business code number (from federal return) 523000	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> 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: <i>New York State Corporation Tax</i> Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
--	------------------

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	-58,848.
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)	5	
6 Add lines 1 through 5	6	-58,598.
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	-58,598.
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	-58,598.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	-58,598.
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.

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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 Payment with extension request, Form CT-5, line 5	43	05-15-20	250.
44a Second installment from Form CT-400	44a		
44b Third installment from Form CT-400	44b		
44c Fourth installment from Form CT-400	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		250.

* 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: • _____

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T

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Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) PREPARER	Designee's phone number
	Designee's email 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	
	Email 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 <i>Nora O'Brien-Suric</i>	Address 369 FRANKLIN STREET BUFFALO, NY 14202		City	State ZIP code
	Email address of individual preparing this return MGRIMALDI@LUMSDENCPA.COM		Preparer's NYTPRIN or Excl. code 03	Date 11-10-20	

See instructions for where to file.

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