

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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 NO 518		Room/suite	B Telephone number (see instructions) (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 <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 129,786,054		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(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 (attach schedule)	0			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> 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		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,037,053			
	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				
Operating and Administrative Expenses	b Less: Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	59,137	4,034,978		
	12 Total. Add lines 1 through 11 . . . . .	2,965,846	6,922,470		
	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 (attach schedule) . . . . .	3,229	0		3,229
	b Accounting fees (attach schedule) . . . . .	24,100	6,025		18,075
	c Other professional fees (attach schedule) . . . . .	1,806,235	958,312		847,923
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	132,006	75,643		0
	19 Depreciation (attach schedule) 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 (attach schedule) . . . . .	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-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		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 (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	18,963,181	22,853,075	22,853,075
	c Investments—corporate bonds (attach schedule) . . . . .			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .	94,095,809	105,182,009	105,182,009
	14 Land, buildings, and equipment: basis ▶ _____ 513,907 Less: accumulated depreciation (attach schedule) ▶ _____ 381,470	164,162	132,437	132,437
15 Other assets (describe ▶ _____)	402,135	323,972	323,972	
16 <b>Total assets</b> (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 (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)	241,575	209,231	
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .	352,575	238,747	
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	24 Net assets without donor restrictions . . . . .	112,557,432	127,514,793	
	25 Net assets with donor restrictions . . . . .	1,790,722	2,032,514	
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds . . . . .			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 <b>Total net assets or fund balances</b> (see instructions) . . . . .	114,348,154	129,547,307		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	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) ▶ _____	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

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

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			214,123
<b>b</b>			750,422
<b>c</b>			53,291
<b>d</b>			
<b>e</b>			

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

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

**1** Enter the appropriate amount in each column for each year; see 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	0.048125
2017	5,607,986	119,695,686	0.046852
2016	5,854,361	109,897,074	0.053271
2015	5,784,080	115,975,430	0.049873
2014	5,856,177	120,458,209	0.048616

<b>2</b> Total of line 1, column (d)	2	0.246737
<b>3</b> 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	0.049347
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	121,820,009
<b>5</b> Multiply line 4 by line 3	5	6,011,452
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	56,903
<b>7</b> Add lines 5 and 6	7	6,068,355
<b>8</b> 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.

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</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 . . . . .	<b>1</b>	113,807
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	113,807
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	113,807
<b>6</b>	Credits/Payments:		
<b>a</b>	2019 estimated tax payments and 2018 overpayment credited to 2019	<b>6a</b>	16,000
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	84,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	100,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	<b>8</b>	419
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	14,226
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>▶</b> \$ _____ <b>(2)</b> On foundation managers. <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NY _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	<b>8b</b>	Yes
<b>9</b> 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 taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> . . . . .	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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 . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.HFWCNY.ORG</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>NORA OBRIEN-SURIC</u> Telephone no. ► <u>(716) 852-3030</u>			

Located at ► 726 EXCHANGE ST SUITE 518 BUFFALO NY ZIP+4 ► 142101485

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly):		<b>Yes</b>	<b>No</b>
	(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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
<b>a</b>	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	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>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
<b>7a</b>	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>7b</b>	
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment 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**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(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 Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(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	VICE PRESIDENT OF PR	120,179	21,388	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210	40.00			
MONICA BROWN	PROGRAM OFFICER	97,286	19,917	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210	40.00			
KENNETH GENEWICK	PROGRAM OFFICER	87,341	15,730	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210	40.00			
MARNIE ANNESE	PROGRAM OFFICER	85,521	5,969	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202	40.00			
JORDAN BELLAISAI	PROGRAM MANAGER	65,400	9,585	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202	40.00			
<b>Total number of other employees paid over \$50,000.</b>				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 (see instructions). 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
<b>1</b> 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.	320,000
<b>2</b> AGING MASTERY - EVIDENCE BASED INTERVENTION THAT ADDRESSES SEVERAL WAYS TO MITIGATE TRIGGERS OF DECLINE IN OLDER ADULTS AND PROMOTE HEALTHY AGING.	280,658
<b>3</b> 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
<b>4</b> 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.	399,450

**Part IX-B Summary of Program-Related Investments (see instructions)**

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	123,148,634
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	526,502
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	123,675,136
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	123,675,136
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	1,855,127
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	121,820,009
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	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.)

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

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	6,014,415
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	22,340
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	6,036,755
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	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
<b>1</b> Distributable amount for 2019 from Part XI, line 7				6,077,547
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			5,855,490	
<b>b</b> Total for prior years: 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 6,036,755				
<b>a</b> Applied to 2018, but not more than line 2a			5,855,490	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				181,265
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				5,896,282
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

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

**1a** 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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

**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.

**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. See instructions

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

DIANE OYLER  
726 EXCHANGE STREET SUITE 518  
BUFFALO, NY 14210  
(716) 852-3030

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

NO SET FORM

**c** Any submission deadlines:

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

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

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

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3a</b>	3,022,884
<b>b</b> <i>Approved for future payment</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>▶ 3b</b>	1,891,090

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2019)

## Part XVII

- |   |   |    |  |    |
|---|---|----|--|----|
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .   | 1c |  | No |
| d | <p>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.</p> |    |  |    |

[illegible]

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

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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.		
	*****	2020-11-13	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL J GRIMALDI CPA		2020-11-13		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 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CHERYL SMITH FISHER	CHAIR 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
LISA D ALFORD	VICE CHAIR 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
VINCENT J MANCUSO	TREASURER 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
ANN ZIEGLER SEDORE	SECRETARY 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
RICHARD BATTAGLIA	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
JOSEPH J COZZO MA MS LMHC	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
RAY R D'AGOSTINO	TRUSTEE 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
ANDREW DORN	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
DENISE DUNFORD DNS FNP RN	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
LEANNE F FISCOE	TRUSTEE 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
CARRIE B FRANK	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
JOANNE E HAEFNER	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
MARYBETH K MCCALL MD	TRUSTEE 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
DAVID A MILLING MD	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
CYNTHIA RICH	TRUSTEE 4.00	0	0	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
MICHAEL D SHAFFER CPA	TRUSTEE 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
CAROL WHITWOOD	TRUSTEE 4.00	0	0	0
431 E FAYETTE STREET SUITE 250 SYRACUSE, NY 13202				
NORA OBRIEN-SURIC	PRESIDENT 40.00	239,040	11,065	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				
CAROL QUARANTILLO	VICE PRESIDENT OF FINANCE 40.00	129,985	21,961	0
726 EXCHANGE STREET SUITE 518 BUFFALO, NY 14210				

Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
ACCORD CORPORATION 84 SCHUYLER STREET BELMONT, NY 14813		501C3	FELLOWS CALL TO ACTION	10,000
ADELPHI UNIVERSITY1 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
BISON CHILDREN'S SCHOLARSHIP FUND INC PO BOX 116 BUFFALO, NY 14205		501C3	BISON SCHOLARSHIP FUND	30,888
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
CENTER FOR GOVERNMENTAL RESEARCH (CGR) ONE SOUTH WASHINGTON STREET SUITE 400 ROCHESTER, NY 14614		501C3	ASSET MAPPING AND NONPROFIT COMMUNITY ENGAGEMENT	33,000
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY HEALTH WORKER NETWORK OF BUFFALO CO 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
CORNELL COOPERATIVE EXTENSION 5657 STATE ROUTE 5 HERKIMER, NY 13350		501C3	INNOVATIONS IN CNY	12,500
DAEMEN COLLEGE4380 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
ERIE COUNTY DEPARTMENT OF SENIOR SERVICES 95 FRANKLIN STREET 13TH FLOOR BUFFALO, NY 14202		GOVT	AGING BY DESIGN	2,000
<b>Total . . . . . ▶ 3a</b>				3,022,884

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
FSG INC179 LINCOLN ST SUITE 301 BOSTON, MA 02111		501C3	OPERATIONS	10,000
FSG INC179 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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 STE404 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOME HEADQUARTERS INC 538 ERIE BLVD WEST SYRACUSE, NY 13204		501C3	FELLOWS COHORT 8	7,500
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
JERICO ROAD MINISTRIES INC 184 BARTON STREET BUFFALO, NY 14213		501C3	ERIE COUNTY DSS CPS CHW PROJECT	30,000
JERICO ROAD MINISTRIES INC 184 BARTON STREET BUFFALO, NY 14213		501C3	AGING BY DESIGN	15,000
JERICO ROAD MINISTRIES INC 184 BARTON STREET BUFFALO, NY 14213		501C3	VIVE REFUGEE INFLUX FUNDING	10,000
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
LOVE LIVING AT HOME 757 WARREN ROAD 4836 ITHACA, NY 14852		501C3	LOVE LIVING AT HOME	5,000
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER431 E FAYETTE STREET SYRACUSE, NY 13202		501C3	2019 NY FUNDERS ALLIANCE ANNUAL CONFERENCE SPONSORSHIP	5,000
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER431 E FAYETTE STREET SYRACUSE, NY 13202		501C3	STRATEGIC PLANNING - 2019/2020	5,000
NY FUNDERS ALLIANCE THE CENTRAL NEW YORK PHILANTHROPY CENTER431 E FAYETTE STREET SYRACUSE, NY 13202		501C3	2020 MEMBERSHIP	5,500
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ORLEANS COUNTY OFFICE FOR THE AGING 14016 ROUTE 31W ALBION, NY 14411		GOVT	AGING BY DESIGN	26,000
PEACE 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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
PEOPLE INC1219 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221		501C3	FELLOWS PROGRAM - COHORT 7	14,900
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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 142607016		501C3	CHILDREN, FAMILIES & TRAUMA: BUILDING RESILIENCY - PHASE I	10,811
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 142607016		501C3	FELLOWS CALL TO ACTION	10,000
RESEARCH FOUNDATION FOR SUNY 402 CROFTS HALLS BUFFALO, NY 142607016		501C3	FALLS PREVENTION: NEXT STEPS - CONCEPT DEVELOPMENT	5,000
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK PENFIELD LIBRARY SUNY OSWEGO OSWEGO, NY 131263599		501C3	LIFE LONG LEARNING - SUNY OSWEGO	9,966
<b>Total . . . . .</b> ► <b>3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY THE UB COMMONS SUITE 211 520 LEE ENTRANCE AMHERST, NY 142282567		501C3	SEEKING SAFETY PARENTING ADAPTATION PART B	10,000
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 122010009		501C3	RECOLLECTIONS: STORYTELLING THROUGH MEMENTOS	9,976
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NY PO BOX 9 ALBANY, NY 122010009		501C3	COMMUNITY CAPACITY TO ADDRESS DEPRESSION - CONCEPT EXPLORATION	13,329
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RESOURCE CENTER FOR INDEPENDENT LIVING 409 COLUMBIA ST PO BOX 210 UTICA, NY 13503		501C3	AGING BY DESIGN	40,000
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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 INC640 ELLICOTT STREET BUFFALO, NY 14203		501C3	SNAPCAP-IPA PHASE II	75,000
<b>Total . . . . . ▶ 3a</b>				3,022,884

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<b>a</b> <i>Paid during the year</i>				
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
SYRACUSE JEWISH FAMILY SERVICE AT MENORAH PARK 4101 EAST GENESEE STREET SYRACUSE, NY 13214		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	11,000
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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 132441020		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
<b>Total . . . . . ▶ 3a</b>				3,022,884


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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TIDES CENTER1012 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
<b>Total . . . . .</b> ▶ <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
UNITED HOSPITAL FUND 1411 BROADWAY 12TH FLOOR NEW YORK, NY 100183496		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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
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
<b>Total . . . . .</b> ▶ <b>3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
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
<b>Total . . . . . ▶ 3a</b>				3,022,884

Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
YMCA OF THE TWIN TIERS 1020 REED STREET OLEAN, NY 14760		501C3	BROOKDALE FOUNDATION CAREGIVER INITIATIVE	10,000
<b>Total</b> . . . . .  <b>3a</b>				3,022,884

**TY 2019 Accounting Fees Schedule**

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

**EIN:** 22-3804398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	24,100	6,025		18,075

**Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.**

## TY 2019 Depreciation Schedule

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

NY

**EIN:** 22-3804398

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE-(2)4DR LATERAL FILES	2002-11-06	734	734	SL	0 %	0	0		
FILE CABINET	2003-04-08	580	580	SL	0 %	0	0		
BOOKCASES	2003-08-01	366	366	SL	0 %	0	0		
LEASEHOLD IMPROVEMENTS-LARKIN	2007-03-29	12,427	12,427	SL	0 %	0	0		
8 CHAIRS (KNOLL)	2010-06-02	3,557	3,557	SL	0 %	0	0		
4 RECTANGULAR TABLES	2010-06-02	777	777	SL	0 %	0	0		
SYRACUSE IMPROVEMENT	2010-12-20	20,000	17,736	SL	0 %	0	0		
BUFFALO IMPROVEMENTS	2010-12-20	56,566	49,498	SL	0 %	0	0		
OFFICE FURNITURE - BUFFALO	2010-12-21	8,833	8,833	SL	0 %	0	0		
VIDEO CONFERENCING EQUIPMENT - BUFFALO	2011-04-08	47,194	47,194	SL	0 %	0	0		
VIDEO CONFERENCE UPGRADE	2012-05-31	7,105	7,105	SL	0 %	0	0		
ERGONOMIC CHAIRS & OFFICE FURNITURE	2012-07-16	6,264	6,264	SL	0 %	0	0		
VIDEO 190 - UPGRADE TO CONFERENCE ROOM	2012-07-02	467	467	SL	0 %	0	0		
MONITORS AND PROJECTOR	2012-08-22	1,518	1,518	SL	0 %	0	0		
FURNITURE	2012-08-22	830	830	SL	0 %	0	0		
SIGN IN FRONT OFFICE	2012-09-14	3,150	3,150	SL	0 %	0	0		
RE/FE SOFTWARE	2013-01-01	45,453	45,453	SL	0 %	0	0		
GE SOFTWARE	2013-01-01	42,545	42,545	SL	0 %	0	0		
GE IMPLEMENTATION	2013-01-01	3,555	3,555	SL	0 %	0	0		
PRESIDENT'S OFFICE GUEST CHAIRS	2013-08-12	1,075	1,075	SL	0 %	0	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
POLYCOM - SYRACUSE	2013-08-01	959	959	SL	0 %	0	0		
POLYCOM - BUFFALO	2013-08-01	1,457	1,457	SL	0 %	0	0		
DELL SERVER	2013-08-01	4,903	4,903	SL	0 %	0	0		
BUFFALO OFFICE EXPANSION 2014	2014-07-15	82,478	45,363	SL	0 %	0	0		
BUFFALO OFFICE FURNITURE	2014-08-01	23,721	12,849	SL	0 %	0	0		
TERMINAL SERVER	2014-10-17	6,615	6,615	SL	0 %	0	0		
REPLACEMENT UPS	2014-12-23	950	950	SL	0 %	0	0		
COMPUTER AND TWO MONITORS	2015-01-14	1,077	1,077	SL	0 %	0	0		
COMPUTER - PRESIDENTS OFFICE	2015-05-01	770	718	SL	0 %	0	0		
LOGITECH HD PRO WEBCAMS	2015-07-01	783	783	SL	0 %	0	0		
OFFICE ART PROJECT	2015-12-31	11,353	9,263	SL	0 %	0	0		
SYRACUSE OFFICE FURNITURE	2015-12-08	9,167	5,347	SL	0 %	0	0		
LCO BUFFALO OFFICE PAINTING	2016-01-01	1,260	1,008	SL	0 %	0	0		
HP PROBOOK 655 G1 15.6 NOTEBOOK	2016-05-01	834	612	SL	0 %	0	0		
HP 2012 230 W DOCKING STATION	2016-05-31	236	165	SL	0 %	0	0		
LOCKING BOOKCASE	2016-05-01	258	181	SL	0 %	0	0		
NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	2016-07-13	1,683	1,279	SL	0 %	0	0		
ZULTYS VOIP PHONE SYSTEM	2016-07-20	23,863	8,352	SL	0 %	0	0		
HP PROBOOK 450 G3 15.6" TOUCHSCREEN NOTEBOOK	2016-08-15	865	865	SL	0 %	0	0		
LAPTOP AND DOCKING STATION	2016-08-01	1,030	1,030	SL	0 %	0	0		

**Depreciation Schedule**

<b>Description of Property</b>	<b>Date Acquired</b>	<b>Cost or Other Basis</b>	<b>Prior Years' Depreciation</b>	<b>Computation Method</b>	<b>Rate / Life (# of years)</b>	<b>Current Year's Depreciation Expense</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Cost of Goods Sold Not Included</b>
HFWCNY HALL SIGN	2016-09-14	1,005	1,005	SL	0 %	0	0		
FIVE DRAWER FILE CABINET	2016-10-14	1,053	489	SL	0 %	0	0		
DELL OPTIPLEX 3040 DESKTOP COMPUTER	2017-01-01	1,129	941	SL	0 %	0	0		
PRO BOOK (HP) DOCKING STATION/MONITORS	2017-02-20	1,801	1,500	SL	0 %	0	0		
FURNITURE FOR PRESIDENT'S OFFICE	2017-05-01	10,408	2,777	SL	0 %	0	0		
4 - VARICHAIRS	2017-10-01	762	245	SL	0 %	0	0		
8 - VARIDESKS	2017-10-01	5,166	1,660	SL	0 %	0	0		
RICOH COLOR COPIER	2018-02-01	8,905	1,707	SL	0 %	0	0		
SMALL TRAVEL LAPTOP - PRESIDENT	2018-02-26	1,680	1,073	SL	0 %	0	0		
BROTHER PRINTER - PRESIDENT'S OFFICE	2018-02-26	380	190	SL	0 %	0	0		
5 - DOCKING STATIONS	2018-02-26	1,493	747	SL	0 %	0	0		
5-DELL LAPTOPS _ PROGRAM TEAM	2018-02-26	6,795	3,397	SL	0 %	0	0		
SONIC WALL	2018-03-01	1,607	982	SL	0 %	0	0		
VP OF FINANCE COMPUTER	2018-08-14	1,334	630	SL	0 %	0	0		
OFFICE MANAGER COMPUTER	2018-08-14	1,334	630	SL	0 %	0	0		
GRANTS MANAGER COMPUTER	2018-08-14	1,333	629	SL	0 %	0	0		
VP OF FINANCE - MONITORS	2018-08-14	488	230	SL	0 %	0	0		
OFFICE MANAGER - MONITORS	2018-08-14	488	230	SL	0 %	0	0		
GRANTS MANAGER - MONITORS	2018-08-30	488	230	SL	0 %	0	0		
SERVER OPERATING SYSTEM_MS OFFICE LICENSES	2018-08-14	499	353	SL	0 %	0	0		

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SYRACUSE OFFICE PAINTING	2018-09-01	4,300	1,147	SL	0 %	0	0		
DELL LAPTOP CUSTOM BUILT	2018-10-22	1,567	653	SL	0 %	0	0		
DELL DOCKING STATION	2018-10-22	295	123	SL	0 %	0	0		
RICOH COPY MACHINE	2019-01-24	5,936	594	SL	0 %	0	0		
SYRACUSE OFFICE FURNITURE - 2019	2019-01-09	11,416	1,142	SL	0 %	0	0		
RICOH PROJECTOR	2019-04-12	1,525	381	SL	0 %	0	0		
2 - VARICHAIRS	2019-05-01	390	37	SL	0 %	0	0		
HP PROBOOK 455R	2019-08-16	742	103	SL	0 %	0	0		
HP DOCKING STATION	2019-08-16	239	33	SL	0 %	0	0		
2 - 24" DELL MONITORS	2019-08-16	472	66	SL	0 %	0	0		
CONFERENCE ROOM LAPTOP	2019-09-15	739	82	SL	0 %	0	0		
SONIC WALL NETWORK FIREWALL	2019-12-31	880	24	SL	0 %	0	0		

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2019 Expenditure Responsibility Statement**

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

**EIN:** 22-3804398

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
POSITIVE DIRECTION AND ASSOCIATES INC	50 FOUNTAIN PLAZA SUITE 1400 BUFFALO, NY 14202	2019-06-28	1,575	MATERNAL CHILD HEALTH IN WNY	1,575		12/31/2019		

**TY 2019 Investments Corporate Stock Schedule**

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

**EIN:** 22-3804398

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
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

**TY 2019 Investments - Other Schedule**

**Name:** HEALTH FOUNDATION FOR WESTERN & CENTRAL  
 NY  
**EIN:** 22-3804398

**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year 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

# TY 2019 Land, Etc. Schedule

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

**EIN:** 22-3804398

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market 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	7,105	7,105	0	
ERGONOMIC CHAIRS & OFFICE FURNITURE	6,264	6,264	0	
VIDEO 190 - UPGRADE TO CONFERENCE ROOM	467	467	0	
MONITORS AND PROJECTOR	1,518	1,518	0	
FURNITURE	830	830	0	
SIGN IN FRONT OFFICE	3,150	3,150	0	
RE/FE SOFTWARE	45,453	45,453	0	
GE SOFTWARE	42,545	42,545	0	
GE IMPLEMENTATION	3,555	3,555	0	
PRESIDENT'S OFFICE GUEST CHAIRS	1,075	1,075	0	
POLYCOM - SYRACUSE	959	959	0	
POLYCOM - BUFFALO	1,457	1,457	0	
DELL SERVER	4,903	4,903	0	
BUFFALO OFFICE EXPANSION 2014	82,478	45,363	37,115	
BUFFALO OFFICE FURNITURE	23,721	12,849	10,872	
TERMINAL SERVER	6,615	6,615	0	
REPLACEMENT UPS	950	950	0	
COMPUTER AND TWO MONITORS	1,077	1,077	0	
COMPUTER - PRESIDENTS OFFICE	770	718	52	
LOGITECH HD PRO WEBCAMS	783	783	0	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE ART PROJECT	11,353	9,263	2,090	
SYRACUSE OFFICE FURNITURE	9,167	5,347	3,820	
LCO BUFFALO OFFICE PAINTING	1,260	1,008	252	
HP PROBOOK 655 G1 15.6 NOTEBOOK	834	612	222	
HP 2012 230 W DOCKING STATION	236	165	71	
LOCKING BOOKCASE	258	181	77	
NETWORK SWITCH'S FOR ZULTYS PHONE SYSTEM	1,683	1,279	404	
ZULTYS VOIP PHONE SYSTEM	23,863	8,352	15,511	
HP PROBOOK 450 G3 15.6" TOUCHSCREEN NOTEBOOK	865	865	0	
LAPTOP AND DOCKING STATION	1,030	1,030	0	
HFWCNY HALL SIGN	1,005	1,005	0	
FIVE DRAWER FILE CABINET	1,053	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	
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	

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
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	

**TY 2019 Legal Fees Schedule**

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

**EIN:** 22-3804398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,229	0		3,229

**TY 2019 Other Assets Schedule**

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

**EIN:** 22-3804398

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEFERRED COMPENSATION	241,575	209,231	209,231
PROGRAM RELATED INVESTMENT	160,560	114,741	114,741

# TY 2019 Other Expenses Schedule

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

**EIN:** 22-3804398

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for 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	7,634	0		7,634
PASSED THROUGH K-1	0	192,150		0

**TY 2019 Other Income Schedule**

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

**EIN:** 22-3804398

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INTEREST INCOME - PRI	4,602	4,602	4,602
PASSED THROUGH K-1S	0	4,030,376	0
RETURNED GRANT FUNDS	54,535		54,535

**TY 2019 Other Increases Schedule**

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

**EIN:** 22-3804398

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	19,398,130

**TY 2019 Other Liabilities Schedule**

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

**EIN:** 22-3804398

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED COMPENSATION LIABILITY	241,575	209,231

**TY 2019 Other Professional Fees Schedule**

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

**EIN:** 22-3804398

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT MANAGEMENT FEES	958,312	958,312		0
EVALUATION CONSULTANTS	813,997	0		813,997
PROGRAM CONSULTANTS	33,926	0		33,926

**TY 2019 Taxes Schedule**

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

**EIN:** 22-3804398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	132,006	0		0
PASSED THROUGH K-1	0	75,643		0