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EXTENSION GRANTED TO 11/15/12  
Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2011

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation

**KINNEY DRUGS FOUNDATION, INC.**

Number and street (or P O box number if mail is not delivered to street address)

**29 E. MAIN STREET**

City or town, state, and ZIP code

**GOUVERNEUR, NY 13642**

G Check all that apply  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year **J Accounting method:**  Cash  Accrual  
 (from Part II, col (c), line 16)  Other (specify) \_\_\_\_\_

**► \$ 2,959,251.** (Part I, column (d) must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		<b>606,235.</b>			
2 Check <input 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		<b>115,624.</b>	<b>115,624.</b>	<b>115,624.</b>	<b>STATEMENT 1</b>
5a Gross rents					
b Net rental income or (loss) _____					
6a Net gain or (loss) from sale of assets not on line 10		<b>-3,016.</b>			
b Gross sales price for all assets on line 6a	<b>34,263.</b>				
7 Capital gain net income (from Part IV, line 2)			<b>0.</b>		
8 Net short term capital gain				<b>0.</b>	
9 Income modifications					
Gross sales less refunds and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) _____					
11 Other income		<b>104,136.</b>	<b>0.</b>	<b>104,136.</b>	<b>STATEMENT 2</b>
12 Total Add lines 1 through 11		<b>822,979.</b>	<b>115,624.</b>	<b>219,760.</b>	
13 Compensation of officers, directors, trustees, etc.		<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
14 Other employee salaries and wages		<b>20,132.</b>	<b>6,039.</b>	<b>0.</b>	<b>14,093.</b>
15 Pension plans, employee benefits					
16a Legal fees		<b>1,700.</b>	<b>850.</b>	<b>0.</b>	<b>850.</b>
b Accounting fees	<b>STMT 3</b>				
c Other professional fees					
17 Interest		<b>1,296.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
18 Taxes	<b>STMT 4</b>				
19 Depreciation and depletion		<b>5,405.</b>	<b>1,622.</b>	<b>0.</b>	<b>3,783.</b>
20 Occupancy		<b>152,102.</b>	<b>8,255.</b>	<b>0.</b>	<b>143,847.</b>
21 Travel, conferences, and meetings					
22 Printing and publications		<b>180,635.</b>	<b>16,766.</b>	<b>0.</b>	<b>162,573.</b>
23 Other expenses	<b>STMT 5</b>				
24 Total operating and administrative expenses Add lines 13 through 23		<b>587,105.</b>			<b>658,565.</b>
25 Contributions, gifts, grants paid					
26 Total expenses and disbursements Add lines 24 and 25		<b>767,740.</b>	<b>16,766.</b>	<b>0.</b>	<b>821,138.</b>
27 Subtract line 26 from line 12.		<b>55,239.</b>			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			<b>98,858.</b>		
c Adjusted net income (if negative enter -0-)				<b>219,760.</b>	

22920

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	188,518.	186,733.	186,733.
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less: allowance for doubtful accounts ►			
4	Pledges receivable ► 51,073.	81,075.	51,073.	51,073.
	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 ► 1,851,315.	1,851,315.	1,851,315.	1,851,315.
	Less: allowance for doubtful accounts ► 0.			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges	465.	2,879.	2,879.
10a	Investments - U.S. and state government obligations	906,031.	866,245.	866,245.
b	Investments - corporate stock			
c	Investments - corporate bonds			
11	Investments - land, buildings and equipment basis ►			
	Less accumulated depreciation ►			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
15	Other assets (describe ► STATEMENT 7 )	2,832.	1,006.	1,006.
16	<b>Total assets (to be completed by all filers)</b>	3,030,236.	2,959,251.	2,959,251.
Liabilities	17 Accounts payable and accrued expenses		1,710.	
	18 Grants payable	807,927.	736,467.	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable			
22	Other liabilities (describe ► EXCISE TAX PAYABLE )	1,109.	0.	
23	<b>Total liabilities (add lines 17 through 22)</b>	809,036.	738,177.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31			
	24 Unrestricted	2,221,200.	2,221,074.	
25	Temporarily restricted			
26	Permanently restricted			
Net Assets or Fund Balances	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b>	2,221,200.	2,221,074.	
31	<b>Total liabilities and net assets/fund balances</b>	3,030,236.	2,959,251.	

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

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,221,200.
2	Enter amount from Part I, line 27a	2	55,239.
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1,2, and 3	4	2,276,439.
5	Decreases not included in line 2 (itemize) ► UNREALIZED LOSS	5	55,365.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,221,074.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MTB NY TAX FREE MM FUND #447			P	VARIOUS	VARIOUS
b ALPINE GLOBAL PREMIER PROPERTIES FUND			P	VARIOUS	02/17/11
c MTB SH TERM CORP BD-INST			P	VARIOUS	02/23/11
d MTB INTL EQ-INST I-FD #270			P	VARIOUS	12/16/11
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 6,261.		6,261.	0.		
b 2.		2.	0.		
c 13,000.		13,063.	-63.		
d 15,000.		17,953.	-2,953.		
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a			0.		
b			0.		
c			-63.		
d			-2,953.		
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	-3,016.
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 -63.		

**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))
2010	759,687.	2,864,935.	.265167
2009	672,878.	2,740,404.	.245540
2008	739,993.	2,603,889.	.284188
2007	683,750.	2,593,040.	.263687
2006	641,276.	2,443,119.	.262483

2 Total of line 1, column (d)	2	1.321065
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.264213
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	2,967,327.
5 Multiply line 4 by line 3	5	784,006.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	989.
7 Add lines 5 and 6	7	784,995.
8 Enter qualifying distributions from Part XII, line 4	8	821,138.

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)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b 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-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2012 estimated tax ► 0.   Refunded ► 11 1,608.	1	989.
2	0.			
3	989.			
4	0.			
5	989.			
6a	2,600.			
6b				
6c				
6d				
7	2,600.			
8	3.			
9				
10	1,608.			
11	1,608.			

**Part VII-A Statements Regarding Activities**

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?	<b>Yes</b>	<b>No</b>
1b		<input checked="" type="checkbox"/>	
1c		<input checked="" type="checkbox"/>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	<b>X</b>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes.</i>	<b>X</b>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	<b>X</b>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• 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?</li> </ul>	<b>X</b>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	<b>X</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► <u>NY</u>	<b>X</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>X</b>	
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<b>X</b>	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<b>X</b>	

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

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11  X

12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12  X

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► **WWW.KINNEYDRUGSFUNDATION.COM** 13  X

14 The books are in care of ► **STEPHEN P. MCCOY, SEC./TREASURER** Telephone no. ► **315-425-7960**  
Located at ► **29 EAST MAIN STREET, GOVERNEUR, NY** ZIP+4 ► **13642**

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 2011, 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 Form TDF 90-22.1. If "Yes," enter the name of the foreign country ► 16  Yes  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.**

	<b>Yes</b>	<b>No</b>
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? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
(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)? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
(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.) <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
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)? Organizations relying on a current notice regarding disaster assistance check here ► <span style="float: right;">N/A</span>		
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 2011? <span style="float: right;">1b <input type="checkbox"/> N/A</span>		
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)): <span style="float: right;">1c <input type="checkbox"/> X</span>		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
If "Yes," list the years ► <span style="float: right;">2a <input type="checkbox"/> N/A</span>		
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.) <span style="float: right;">2b <input type="checkbox"/> N/A</span>		
c 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. ► <span style="float: right;">2c <input type="checkbox"/> N/A</span>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No</span>		
b If "Yes," did it have excess business holdings in 2011 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 2011) <span style="float: right;">3b <input type="checkbox"/> N/A</span>		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <span style="float: right;">4a <input type="checkbox"/> X</span>		
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 2011? <span style="float: right;">4b <input type="checkbox"/> X</span>		

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

5a During the year did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<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 509(a)(1), (2), or (3), or section 4940(d)(2)?		<input type="checkbox"/>	Yes <input checked="" 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 <u>any</u> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		N/A ► <input type="checkbox"/>	
Organizations relying on a current notice regarding disaster assistance check here		5b	
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?		N/A	<input 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 type="checkbox"/>	
If "Yes" to 6b, file Form 8870		6b X	
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	
		7b	

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
<b>SEE STATEMENT 8</b>		0.	0.	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
<b>NONE</b>				
Total number of other employees paid over \$50,000				

Total number of other employees paid over \$50,000

**Form 990-PF (2011)**

**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
NONE		

**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	N/A	
2		
3		
4		

**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.

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**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 893,508.
b Average of monthly cash balances	1b 286,778.
c Fair market value of all other assets	1c 1,832,229.
d Total (add lines 1a, b, and c)	1d 3,012,515.
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 3,012,515.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 45,188.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 2,967,327.
6 Minimum investment return. Enter 5% of line 5	6 148,366.

**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	
2a Tax on investment income for 2011 from Part VI, line 5	2a	
b Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

**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	821,138.
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	
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	821,138.
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	989.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	820,149.

**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)**N/A**

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4: ► \$				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

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

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 2011, 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)

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

Tax year	Prior 3 years				(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
148,366.	143,247.	137,020.	130,194.	558,827.	
126,111.	121,760.	116,467.	110,665.	475,003.	
821,138.	759,687.	672,878.	739,993.	2,993,696.	
162,573.	0.	0.	0.	162,573.	
658,565.	759,687.	672,878.	739,993.	2,831,123.	
				0.	
				0.	
98,911.	95,498.	91,347.	86,796.	372,552.	
				0.	
				0.	
				0.	

**Part XV** | **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)****1 Information Regarding Foundation Managers:**

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

**NONE**

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

**NONE**

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

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

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

**SEE STATEMENT 9**

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
<b>a Paid during the year</b>				
ADIRONDACK MEDICAL CENTER <u>SARANAC LAKE, NY</u>	N/A	PUBLIC	GALA	2,500.
AIDS COMMUNITY RESOURCES OF SYRACUSE <u>SYRACUSE, NY</u>	N/A	PUBLIC	AIDS WALK/RUN	1,500.
ALZHEIMER'S ASSOCIATION/CNY CHAPTER <u>SYRACUSE, NY</u>	N/A	PUBLIC	WALK TO END ALZHEIMERS	1,250.
AMERICAN CANCER SOCIETY <u>WATERTOWN, NY</u>	N/A	PUBLIC	RELAY FOR LIFE/COACHES VS CANCER	10,000.
AMERICAN CANCER SOCIETY OF SYRACUSE <u>SYRACUSE, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 658,565.
<b>b Approved for future payment</b>				
AMERICAN HEART ASSOCIATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	20,000.
CANTON COLLEGE <u>CANTON, NY</u>	N/A	PUBLIC	DONATION	969.
NCCC FOUNDATION	N/A	PUBLIC	DONATION	969.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3b 736,467.

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

(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).
9	<b>SPECIAL EVENT ACTIVITIES INCOME IS USED TO FURTHER ACCOMPLISH THE</b>
9	<b>ORGANIZATION'S EXEMPT PURPOSE.</b>



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011****Name of the organization****Employer identification number**KINNEY DRUGS FOUNDATION, INC.

03-0406308

**Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

KINNEY DRUGS FOUNDATION, INC.

Employer identification number

03-0406308

## Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>3M MARKETING GROUP</u> <u>12681 LUNA ROAD</u> <u>VICTORVILLE, CA 92392</u>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>PRESCRIPTIONS SOLUTIONS</u> <u>2300 MAIN STREET</u> <u>IRVINE, CA 92614</u>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>HALLMARK CARD, INC.</u> <u>2501 MC GEE TRAFFICWAY</u> <u>KANSAS CITY, MO 64108</u>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>HAYLOR, FREYER &amp; COON, INC.</u> <u>231 SALINA MEADOWS PARKWAY</u> <u>SYRACUSE, NY 13221</u>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>KINNEY DRUGS, INC.</u> <u>29 EAST MAIN STREET</u> <u>GOUVERNEUR, NY 13642</u>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<u>LIBERTY MUTUAL GROUP, INC.</u> <u>175 BERKELEY STREET</u> <u>BOSTON, MA 02116</u>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KINNEY DRUGS FOUNDATION, INC.

Employer identification number

03-0406308

## Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>MCKESSON CORPORATION</u> <u>1 POST STREET</u> <u>SAN FRANCISCO, CA 94104</u>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>MYLAN PHARMACEUTICALS INC.</u> <u>781 CHESTNUT RIDGE ROAD</u> <u>MORGANTOWN, WV 26505</u>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>PEPSICO, INC.</u> <u>700 ANDERSON HILL ROAD</u> <u>PURCHASE, NY 10577</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>PINCKNEY HUGO GROUP</u> <u>760 WEST GENESEE STREET</u> <u>SYRACUSE, NY 13204</u>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>SAMARITAN MEDICAL CENTER</u> <u>830 WASHINGTON STREET</u> <u>WATERTOWN, NY 13601</u>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>M&amp;T</u> <u>ONE M&amp;T PLAZA</u> <u>BUFFALO, NY 14203</u>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KINNEY DRUGS FOUNDATION, INC.

Employer identification number

03-0406308

## Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COCA COLA P.O. BOX 1734 ATLANTA, GA 30301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	UNITED HEALTHCARE SERVICES 5901 LINCOLN DRIVE MINNEAPOLIS, MN 55436	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	REBECCA HORN 7231 KENDALL DRIVE EAST EAST SYRACUSE, NY 13057	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

KINNEY DRUGS FOUNDATION, INC.

Employer identification number

03-0406308

**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
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		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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**Name of organization**

**Employer identification number**

KINNEY DRUGS FOUNDATION, INC.

03-0406308

### **Part III**

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively religious, charitable, etc., contributions of \$1,000 or less** for the year. (Enter this information once) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	<b>(e) Transfer of gift</b>			
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>			
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>			
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>			
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
	<b>(e) Transfer of gift</b>			
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV | Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
AMERICAN DIABETES ASSOCIATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	SPONSOR FOR WALK	6,000.
AMERICAN RED CROSS OF NORTHERN VT <u>BURLINGTON, VT</u>	N/A	PUBLIC	DONATION	5,000.
AMERICAN RED CROSS OF ONONDAGA-OSWEGO <u>SYRACUSE, NY</u>	N/A	PUBLIC	REAL HERO'S BREAKFAST	5,000.
ARTHRITIS FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	JINGLE BELL RUN/WALK	500.
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED <u>WATERTOWN, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	150.
NATIONAL ATAXIA FOUNDATION <u>BRIDGEPORT, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	460.
BARTON AMBULANCE SQUAD, INC <u>BARTON, VT</u>	N/A	PUBLIC	DONATION	500.
BARTON FIRE DEPARTMENT <u>BARTON, VT</u>	N/A	PUBLIC	DONATION	500.
BEHAVIORAL HEALTH SCIENCES NORTH <u>PLATTSBURGH, NY</u>	N/A	PUBLIC	CHILDREN'S MENTAL HEALTH INITIATIVES	500.
BRAIN INJURY ASSOCIATION OF NYS <u>LIVERPOOL, NY</u>	N/A	PUBLIC	GOLF SPONSORSHIP	2,000.
<b>Total from continuation sheets</b>				<b>642,815.</b>

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
CAMDEN VOLUNTEER FIRE CO, INC	N/A	PUBLIC	DONATION	
<u>CAMDEN, NY</u>				500.
CAMP TAKUMTA	N/A	PUBLIC	GOLF TOURNAMENT	
<u>SOUTH HERO, VT</u>				500.
CANCERCONNECTS, INC	N/A	PUBLIC	THERAPY PROGRAM	
<u>EAST SYRACUSE, NY</u>				2,500.
CANTON POTSDAM HOSPITAL FOUNDATION	N/A	PUBLIC	DONATION	
<u>POTSDAM, NY</u>				20,000.
CANTON POTSDAM HOSPITAL GUILD	N/A	PUBLIC	GOLF TOURNAMENT	
<u>POTSDAM, NY</u>				1,500.
CENTRAL VERMONT ADULT BASIC EDUCATION INC	N/A	PUBLIC	VOLUNTEER HANDBOOKS	
<u>BRADFORD, VT</u>				500.
CENTRAL VERMONT HOME HEALTH HOSPICE	N/A	PUBLIC	FASHION SHOW AND DINNER	
<u>BARRE, VT</u>				500.
CEREBRAL PALSY OF NORTH COUNTRY	N/A	PUBLIC	GOLF CLASSIC SPONSORSHIP	
<u>WATERTOWN, NY</u>				1,000.
CHILDREN'S HOSPITAL AT DARTMOUTH	N/A	PUBLIC	HALF MARATHON & 5K	
<u>HANOVER, NH</u>				500.
CLAXTON-HEPBURN MEDICAL CENTER FOUNDATION	N/A	PUBLIC	INFANT WARMER	
<u>OGDENSBURG, NY</u>				6,869.
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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 HEALTH SERVICES OF ADDISON CTY	N/A	PUBLIC	DIABETES CLINICS	
<u>MIDDLEBURY</u> VT				1,000.
COPLEY FOUNDATION	N/A	PUBLIC	GOLF SCRABBLE	
<u>MORRISVILLE</u> VT				1,250.
CREDO FOUNDATION	N/A	PUBLIC	GOLF TOURNAMENT	
<u>WATERTOWN</u> NY				500.
CRUNCH FOUNDATION	N/A	PUBLIC	HEALTH AND WELLNESS PROGRAMS	
<u>SYRACUSE</u> NY				250.
DOWN SYNDROME ASSOC OF ST LAWR CTY	N/A	PUBLIC	BUDDY WALK	
<u>POTSDAM</u> NY				1,000.
DPAO	N/A	PUBLIC	SUMMER CONCERT SERIES	
<u>WATERTOWN</u> NY				10,000.
EJ NOBLE HOSPITAL	N/A	PUBLIC	GOLF TOURNAMENT	
<u>GOUVERNEUR</u> NY				450.
EJ NOBLE HOSPITAL AUXILIARY	N/A	PUBLIC	SPRING DANCE	
<u>GOUVERNEUR</u> NY				1,000.
EAST HILL MEDICAL CENTER	N/A	PUBLIC	DONATION	
<u>AUBURN</u> NY				1,000.
ED MOSES WALK/RELAY FOR LIFE	N/A	PUBLIC	WALK/RUN SPONSORSHIP	
<u>GOUVERNEUR</u> NY				10,000.
<u>Total from continuation sheets</u>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
ELDERCARE FOUNDATION, INC.	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>		-		1,000.
ELMCREST CHILDREN'S CENTER	N/A	PUBLIC	GOLF SPONSORSHIP	
<u>SYRACUSE, NY</u>				1,000.
ENABLE	N/A	PUBLIC	AWARDS CELEBRATION	
<u>SYRACUSE, NY</u>				400.
EVANS MILLS VOLUNTEER FIRE DEPARTMENT	N/A	PUBLIC	EQUIPMENT MAINTENANCE	
<u>GOUVERNEUR, NY</u>				250.
FAMILY HEALTH NETWORK OF CNY	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				1,000.
FOOD BANK OF CNY	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				5,000.
CHILDREN'S MIRACLE NETWORK	N/A	PUBLIC	BALLOON DONATIONS	
<u>SALT LAKE CITY, UT</u>				104,136.
FRANCIS HOUSE, INC.	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				2,500.
FRIENDS OF OSWEGO COUNTY HOSPICE, INC.	N/A	PUBLIC	SPONSORSHIP	
<u>OSWEGO, NY</u>				1,000.
GBW BREAST CANCER WALK FUND	N/A	PUBLIC	DONATION	
<u>GOUVERNEUR, NY</u>				1,000.
<u>Total from continuation sheets</u>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
HCRC FOOD SHELF	N/A	PUBLIC	DONATION	
<u>HINESBURG, VT</u>				500.
HELPING HANDS OF POTSDAM	N/A	PUBLIC	GOLF TOURNAMENT	
<u>POTSDAM, NY</u>				250.
HEUVELTON VOLUNTEER FIRE DEPT & FIRST RESPONSE	N/A	PUBLIC	DONATION	
<u>HEUVELTON, NY</u>				250.
HINESBURG FIRE DEPARTMENT	N/A	PUBLIC	DONATION	
<u>HINESBURG, VT</u>				500.
HOSPICE OF JEFFERSON COUNTY	N/A	PUBLIC	GOLF TOURNAMENT	
<u>WATERTOWN, NY</u>				5,000.
HOSPICE OF THE NORTH COUNTRY	N/A	PUBLIC	GOLF TOURNAMENT	
<u>PLATTSBURGH, NY</u>				200.
HUDSON HEADWATERS HEALTH FOUNDATION	N/A	PUBLIC	COMMUNITY CHAMPIONS DINNER	
<u>QUEENSBURY, NY</u>				1,000.
INDIAN RIVER AMBULANCE SERVICE INC.	N/A	PUBLIC	DONATION	
<u>WATERTOWN, NY</u>				1,000.
INDOOR RECREATION OF ORLEANS COUNTY	N/A	PUBLIC	HEALTHY CHANGES PROGRAM	
<u>DERBY, VT</u>				1,000.
ITHACA HEALTH ALLIANCE	N/A	PUBLIC	DONATION	
<u>ITHACA, NY</u>				1,000.
<u>Total from continuation sheets</u>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
JACK K. NEWMANN GOLF TOURNAMENT <u>CANTON, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	
JEWISH COMMUNITY CENTER OF SYRACUSE <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	5,000.
JO ELLA CRAIG CHILDREN'S FUND <u>CANTON, NY</u>	N/A	PUBLIC	DONATION	100.
JUVENILE DIABETES RESEARCH FOUNDATION <u>WATERTOWN, NY</u>	N/A	PUBLIC	DIABETES WALK	500.
NORTH COUNTRY'S CHILDREN CLINIC FOUNDATION <u>WATERTOWN, NY</u>	N/A	PUBLIC	CHARITY EVENT	37,000.
LEWIS CO HOSPITAL FOUNDATION <u>LOWVILLE, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	500.
MAUREEN'S HOPE FOUNDATION, INC. <u>BALDWINSVILLE, NY</u>	N/A	PUBLIC	DONATION	500.
MAVES <u>GOUVERNEUR, NY</u>	N/A	PUBLIC	CARDIAC MONITORS	1,000.
MCMAHON RYAN CHILD ADVOCACY SITE <u>SYRACUSE, NY</u>	N/A	PUBLIC	SPONSORSHIP	500.
MERCY FLIGHT CENTRAL <u>CANANDAIGUA, NY</u>	N/A	PUBLIC	DONATION	1,000.
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
MOYERS CORNERS FIRE DEPARTMENT <u>LIVERPOOL, NY</u>	N/A	PUBLIC	DONATION	500.
MS RESOURCES OF CENTRAL NY <u>EAST SYRACUSE, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	200.
MUSCULAR DYSTROPHY ASSOCIATION <u>EAST SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	1,000.
NATIONAL ALLIANCE ON MENTAL ILLNESS VT <u>WATERBURY, VT</u>	N/A	PUBLIC	WALK FOR THE MIND OF AMERICA	1,500.
NATIONAL BRAIN TUMOR SOCIETY <u>OGDENSBURG, NY</u>	N/A	PUBLIC	GOLF TOURNAMENT	500.
NATIONAL KIDNEY FOUNDATION OF CNY <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	500.
NMC RUN FOR JIM FOUNDATION <u>ST. ALBANS, VT</u>	N/A	PUBLIC	WALK/RUN SPONSORSHIP	500.
NORTH COUNTRY LIFE FLIGHT, INC. <u>SARANAC LAKE, NY</u>	N/A	PUBLIC	MEDICAL EVAC SUPPORT	1,000.
NORTHEAST DISABLED ATHLETICS ASSOC. <u>BURLINGTON, VT</u>	N/A	PUBLIC	DONATION	2,500.
NORTHERN ONONDAGA VOLUNTEER AMBULANCE <u>LIVERPOOL, NY</u>	N/A	PUBLIC	DONATION	500.
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
OUR LADY OF PROVIDENCE, INC.	N/A	PUBLIC	HANDICAP VAN	
<u>WINOOSKI, VT</u>				500.
PREVENT CHILD ABUSE	N/A	PUBLIC	CHILD ABUSE PREVENTION PROGRAMS	
<u>ALBANY, NY</u>				1,000.
PREVENTION NETWORK	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				2,500.
PROJECT INDEPENDENCE	N/A	PUBLIC	DONATION	
<u>BARRE, VT</u>				1,000.
SAFELINE, INC.	N/A	PUBLIC	SPONSORSHIP	
<u>CHELSEA, VT</u>				500.
SAMARITAN AUXILIARY	N/A	PUBLIC	DONATION	
<u>WATERTOWN, NY</u>				500.
SAMARITAN FOUNDATION OF NNY	N/A	PUBLIC	DONATION	
<u>WATERTOWN, NY</u>				750.
SARAH HOUSE	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				2,000.
SCHC FOUNDATION	N/A	PUBLIC	DONATION	
<u>SYRACUSE, NY</u>				3,000.
SCIPIO VOLUNTEER FIRE DEPARTMENT	N/A	PUBLIC	HANDICAP VAN	
<u>SCIPIO CENTER, NY</u>				200.
<u>Total from continuation sheets</u>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
SPECIAL OLYMPICS NEW YORK, INC. <u>SYRACUSE, NY</u>	N/A	PUBLIC	FALL GAMES	1,000.
SPRINGBROOK <u>COOPERSTOWN, NY</u>	N/A	PUBLIC	DINNER AND GALA	400.
SPRINGFIELD MEDICAL CARE SYSTEMS <u>SPRINGFIELD, VT</u>	N/A	PUBLIC	GOLF CHALLENGE	1,000.
ST. JOSEPH'S FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	600.
ST. JOSEPH'S HOSPITAL HEALTH CTR FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	20,000.
ST. LAWRENCE NYS ARC <u>CANTON, NY</u>	N/A	PUBLIC	AUTISM AWARENESS WALK	500.
STAND AGAINST SUICIDE <u>ELBRIDGE, NY</u>	N/A	PUBLIC	DONATION	500.
SUSAN G. KOMEN BREAST CANCER FOUNDATION <u>EAST SYRACUSE, NY</u>	N/A	PUBLIC	RACE FOR THE CURE	2,500.
TWO SMILES ONE HOPE FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	250.
UNITED CEREBRAL PALSY <u>WATERTOWN, NY</u>	N/A	PUBLIC	DONATION	1,000.
<u>Total from continuation sheets</u>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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 HELPERS <u>OGDENSBURG, NY</u>	N/A	PUBLIC	OKTOBERFEST RUN	<u>1,400.</u>
VERA HOUSE, INC. <u>SYRACUSE, NY</u>	N/A	PUBLIC	WHITE RIBBON CAMPAIGN	<u>5,000.</u>
VICTIM'S ASSISTANCE CENTER <u>WATERTOWN, NY</u>	N/A	PUBLIC	SPONSORSHIP	<u>1,000.</u>
VOLUNTEER TRANSPORTATION CENTER <u>WATERTOWN, NY</u>	N/A	PUBLIC	DONATION	<u>1,500.</u>
VT ASSC FOR THE BLIND & VISUALLY IMPAIRED <u>SOUTH BURLINGTON, VT</u>	N/A	PUBLIC	SUMMER CAMP - PROGRAMS	<u>2,000.</u>
AUBURN MEMORIAL HOSPITAL <u>AUBURN, NY</u>	N/A	PUBLIC	DONATION	<u>10,000.</u>
COMMUNITY MEMORIAL HOSPITAL <u>HAMILTON, NY</u>	N/A	PUBLIC	DONATION	<u>5,000.</u>
ALICE HYDE <u>MALONE, NY</u>	N/A	PUBLIC	DONATION	<u>4,000.</u>
AMC MERCY <u>SARANAC LAKE, NY</u>	N/A	PUBLIC	DONATION	<u>2,000.</u>
GOUVERNEUR FIRE DEPARTMENT <u>GOUVERNEUR, NY</u>	N/A	PUBLIC	DONATION	<u>20,000.</u>
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

03-0406308

## Part XV | Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
SAMARITAN MEDICAL CENTER <u>WATERTOWN, NY</u>	N/A	PUBLIC	DONATION	100,000.
ELIZABETH COMMUNITY HOSPITAL <u>ELIZABETHTOWN, NY</u>	N/A	PUBLIC	DONATION	6,000.
UNITED HELPERS <u>OGDENSBURG, NY</u>	N/A	PUBLIC	DONATION	10,000.
UNIVERSITY OF CONNECTICUT FOUNDATION <u>STORRS, CT</u>	N/A	PUBLIC	DONATION	5,000.
CANTON COLLEGE <u>CANTON, NY</u>	N/A	PUBLIC	DONATION	1,000.
NCCC FOUNDATION <u>SARANAC LAKE, NY</u>	N/A	PUBLIC	DONATION	1,000.
ALBANY COLLEGE OF PHARMACY <u>ALBANY, NY</u>	N/A	PUBLIC	DONATION	50,000.
ST. JOSEPH'S HOME <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	2,000.
FREDERIC REMINGTON ART MUSEUM <u>OGDENSBURG, NY</u>	N/A	PUBLIC	DONATION	5,000.
EJ NOBLE HOSPITAL <u>GOVERNEUR, NY</u>	N/A	PUBLIC	DONATION	50,000.
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

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## Part XV | Supplementary Information

## 3 Grants and Contributions Paid During the Year (Continuation)

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
CROUSE HEALTH FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	20,000.
AMERICAN HEART ASSOCIATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	20,000.
VERA HOUSE, INC. <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	5,000.
ENABLE, INC. <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	1,000.
UPSTATE MEDICAL UNIVERSITY <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	10,000.
<b>Total from continuation sheets</b>				

## KINNEY DRUGS FOUNDATION, INC.

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## Part XV | Supplementary Information

## 3 Grants and Contributions Approved for Future Payment (Continuation)

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
FREDERIC REMINGTON ART MUSEUM <u>OGDENSBURG, NY</u>	N/A	PUBLIC	DONATION	14,075.
ELIZABETH COMMUNITY HOSPITAL <u>ELIZABETHTOWN, NY</u>	N/A	PUBLIC	DONATION	5,811.
UNITED HELPERS <u>WATERTOWN, NY</u>	N/A	PUBLIC	DONATION	19,066.
UPSTATE MEDICAL UNIVERSITY <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	36,950.
GOUVERNEUR FIRE DEPARTMENT <u>GOUVERNEUR, NY</u>	N/A	PUBLIC	DONATION	19,370.
CROUSE HEALTH FOUNDATION <u>SYRACUSE, NY</u>	N/A	PUBLIC	DONATION	56,301.
ALBANY COLLEGE OF PHARMACY <u>ALBANY, NY</u>	N/A	PUBLIC	DONATION	140,754.
EJ NOBLE HOSPITAL <u>GOUVERNEUR, NY</u>	N/A	PUBLIC	DONATION	140,754.
SAMARITAN MEDICAL CENTER <u>WATERTOWN, NY</u>	N/A	PUBLIC	DONATION	87,167.
AUBURN MEMORIAL HOSPITAL <u>AUBURN, NY</u>	N/A	PUBLIC	DONATION	36,950.
<b>Total from continuation sheets</b>				<b>714,529.</b>

KINNEY DRUGS FOUNDATION, INC.

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**Part XV** **Supplementary Information**

### 3 Grants and Contributions Approved for Future Payment (Continuation)

KINNEY DRUGS FOUNDATION, INC.

03-0406308

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS	COLUMN (A)
		DIVIDENDS	AMOUNT
KINNEY DRUG STOCK	115,624.	0.	115,624.
TOTAL TO FM 990-PF, PART I, LN 4	115,624.	0.	115,624.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	104,136.	0.	104,136.
TOTAL TO FORM 990-PF, PART I, LINE 11	104,136.	0.	104,136.

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,700.	850.	0.	850.
TO FORM 990-PF, PG 1, LN 16B	1,700.	850.	0.	850.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX EXPENSE	1,296.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	1,296.	0.	0.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISCELLANEOUS	9,459.	2,838.	0.	6,621.
FUNDRAISING EVENT EXPENSES	110,601.	0.	0.	110,601.
INVESTMENT FEES	5,417.	5,417.	0.	0.
UNCOLLECTIBLE PLEDGES	26,625.	0.	0.	26,625.
TO FORM 990-PF, PG 1, LN 23	152,102.	8,255.	0.	143,847.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 6

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
KINNEY DRUG, INC. STOCK	866,245.	866,245.
TOTAL TO FORM 990-PF, PART II, LINE 10B	866,245.	866,245.

## FORM 990-PF

## OTHER ASSETS

## STATEMENT 7

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DUE FROM KINNEY DRUGS	2,832.	1,006.	1,006.
TO FORM 990-PF, PART II, LINE 15	2,832.	1,006.	1,006.

FORM 990-PF

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

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES OWENS 95 GLEASON STREET GOVERNEUR, NY 13642	DIRECTOR 2.00	0.	0.	0.
MARK BRACKETT 520 EAST MAIN STREET GOVERNEUR, NY 13642	PRESIDENT 5.00	0.	0.	0.
RICHARD COGNETTI, SR. 29 EAST MAIN STREET GOVERNEUR, NY 13642	DIRECTOR 2.00	0.	0.	0.
STEPHEN P. MCCOY 29 EAST MAIN STREET GOVERNEUR, NY 13642	SECRETARY / TREASURER 5.00	0.	0.	0.
BERNIE ALDEN 55 SHATTUCK HILL ROAD NEWPORT, VT 05855	DIRECTOR 2.00	0.	0.	0.
FRED HAGGERTY 266 PRATT STREET WATERTOWN, NY 13601	DIRECTOR 2.00	0.	0.	0.
OWEN HALLORAN 520 EAST MAIN STREET GOVERNEUR, NY 13642	DIRECTOR 2.00	0.	0.	0.
NORT TAYLOR 31 MEADOW LANE GOVERNEUR, NY 13642	DIRECTOR 2.00	0.	0.	0.
RICH McNULTY 22435 RIVERGLADE DRIVE WATERTOWN, NY 13601	VICE PRESIDENT 5.00	0.	0.	0.
DANIEL VILLA 26130 CTY RT 57 THREE MILE BAY, NY 13693	DIRECTOR 2.00	0.	0.	0.
JAMES SPENCER 4568 QUARRY POINT ROAD CLAY, NY 13041	DIRECTOR 2.00	0.	0.	0.

KINNEY DRUGS FOUNDATION, INC.

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WARREN WOLFSON  
120 EAST WASHINGTON STREET  
SYRACUSE, NY 13202

DIRECTOR  
2.00

0. 0. 0.

TIMOTHY O'CONNOR  
29 EAST MAIN STREET  
GOUVERNEUR, NY 13642

DIRECTOR  
2.00

0. 0. 0.

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

0. 0. 0.

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FORM 990-PF

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

STATEMENT 9

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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KINNEY DRUGS FOUNDATION  
29 EAST MAIN STREET  
GOUVERNEUR, NY 13642-1499

TELEPHONE NUMBER

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315-287-3600

FORM AND CONTENT OF APPLICATIONS

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FORM IS AVAILABLE ON WEBSITE TO BE COMPLETED AND SUBMITTED VIA EMAIL.

ANY SUBMISSION DEADLINES

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ALL PAPERWORK MUST BE RECEIVED AT LEAST ONE MONTH BEFORE THE BOARD MEETING  
PRIOR TO THE EVENT.

RESTRICTIONS AND LIMITATIONS ON AWARDS

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TO PROVIDE FINANCIAL SUPPORT TO SECTION 501(C)(3) ORGANIZATIONS SERVING  
THOSE LIVING IN NORTHERN, CENTRAL, AND SOUTHERN NEW YORK AND VERMONT TO  
HELP PEOPLE LIVE HEALTHIER LIVES.