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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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OMB No 1545-0052








2013

Open to Public Inspection


For calendar year 2013, or tax year beginning 01-01-2013 , and ending 12-31-2013

Name of foundation KINNEY DRUGS FOUNDATION INC		A Employer identification number 03-0406308	
Number and street (or P O box number if mail is not delivered to street address) 29 E MAIN STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code GOUVERNEUR, NY 13642		B Telephone number (see instructions) (315) 425-7960	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 3,628,008		E If private foundation status was terminated under section 507(b)(1)(A), 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.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (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)	670,760			
	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.	100,749	100,749	100,749	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	2,794			
	b Gross sales price for all assets on line 6a 174,500				
	7 Capital gain net income (from Part IV, line 2) . . .		2,794		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
Operating and Administrative Expenses	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	139,615	0	139,615	
	12 Total. Add lines 1 through 11	913,918	103,543	240,364	
	13 Compensation of officers, directors, trustees, etc	52,503	15,751	0	36,752
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	710	0	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications	4,537	1,361	0	3,176
	23 Other expenses (attach schedule)	150,041	15,730	0	134,311
	24 Total operating and administrative expenses. Add lines 13 through 23	207,791	32,842	0	174,239
	25 Contributions, gifts, grants paid	494,218			711,287
	26 Total expenses and disbursements. Add lines 24 and 25	702,009	32,842	0	885,526
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	211,909			
	b Net investment income (if negative, enter -0-)		70,701		
	c Adjusted net income (if negative, enter -0-)			240,364	

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			170,885	125,963	125,963
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ 75,956 Less allowance for doubtful accounts ▶ _____			31,429	75,956	75,956
	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) ▶ _____ 1,174,027 Less allowance for doubtful accounts ▶ _____ 0			925,658	1,174,027	1,174,027
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges			1,268	1,268	1,268
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)			1,893,563	 2,228,779	2,228,779
	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)					
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
Liabilities	15	Other assets (describe ▶ _____)			66,200	 22,015	 22,015
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)			3,089,003	3,628,008	3,628,008
	17	Accounts payable and accrued expenses			407	14,311	
	18	Grants payable			627,304	410,235	
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
Net Assets or Fund Balances	22	Other liabilities (describe ▶ _____)			9,039	0	
	23	Total liabilities (add lines 17 through 22)			636,750	424,546	
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted			2,452,253	3,203,462	
	25	Temporarily restricted					
	26	Permanently restricted					
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	Total net assets or fund balances (see page 17 of the instructions)			2,452,253	3,203,462	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)			3,089,003	3,628,008	

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	2,452,253
2	Enter amount from Part I, line 27a	2	211,909
3	Other increases not included in line 2 (itemize) ▶ _____ 	3	539,300
4	Add lines 1, 2, and 3	4	3,203,462
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3,203,462

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	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table		
b			
c			
d			
e			

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

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	2,794
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) (see instructions) If (loss), enter -0- in Part I, line 8		3	0

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 page 18 of the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	798,728	3,124,603	0 255625
2011	820,149	2,967,327	0 276393
2010	759,687	2,864,935	0 265167
2009	672,878	2,740,404	0 245540
2008	739,993	2,603,889	0 284188

2	Total of line 1, column (d).	2	1 326913
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	0 265383
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	4	3,270,037
5	Multiply line 4 by line 3.	5	867,812
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	707
7	Add lines 5 and 6.	7	868,519
8	Enter qualifying distributions from Part XII, line 4.	8	885,526

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 page 18 of the instructions)			
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	707
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3 Add lines 1 and 2.		3	707
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	707
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	1,000	
b Exempt foreign organizations—tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d.		7	1,000
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	293
11 Enter the amount of line 10 to be Credited to 2014 estimated tax 293 Refunded		11	0

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?	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the 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>	1b		No
c Did the foundation file Form 1120-POL for this year?.	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ 0 (2) On foundation managers \$ _____ 0			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
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>	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
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>	5		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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>	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NY _____			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW KINNEYDRUGSFOUNDATION COM	13	Yes	
14	The books are in care of ▶ STEPHEN P MCCOY SECTREASURER Telephone no ▶ (315) 425-7960 Located at ▶ 29 EAST MAIN STREET GOUVERNEUR NY ZIP +4 ▶ 13642			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2013, 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 instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
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 2013?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2013 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2013?	4b		No

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))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(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)? (see instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

YesNo

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?

YesNo

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

YesNo

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

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 (see instructions).

(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				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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
NONE				

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

0

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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
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 THE FOUNDATION GIVES GRANTS TO ORGANIZATIONS THAT ARE DEDICATED TO HELPING IN THE SUPPORT OF QUALITY HEALTH CARE THROUGHOUT CENTRAL AND NORTHERN NEW YORK AND VERMONT	494,218
2	
3	
4	

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
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,087,026
b	Average of monthly cash balances.	1b	201,274
c	Fair market value of all other assets (see instructions).	1c	1,031,535
d	Total (add lines 1a, b, and c).	1d	3,319,835
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	3,319,835
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	49,798
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,270,037
6	Minimum investment return. Enter 5% of line 5.	6	163,502

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 2013 from Part VI, line 5.	2a	
b	Income tax for 2013 (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	885,526
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	885,526
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 (see instructions).	5	707
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	884,819
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 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2013			
a	Enter amount for 2012 only.			
b	Total for prior years 20____, 20____, 20____			
3	Excess distributions carryover, if any, to 2013			
a	From 2008.			
b	From 2009.			
c	From 2010.			
d	From 2011.			
e	From 2012.			
f	Total of lines 3a through e.			
4	Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ _____			
a	Applied to 2012, 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 2013 distributable amount.			
e	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2013 (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 2012 Subtract line 4a from line 2a Taxable amount—see instructions.			
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014.			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).			
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions).			
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a.			
10	Analysis of line 9			
a	Excess from 2009.			
b	Excess from 2010.			
c	Excess from 2011.			
d	Excess from 2012.			
e	Excess from 2013.			

Part XIVPrivate 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 2013, 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)

☒ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2013	(b) 2012	(c) 2011	(d) 2010	
		163,502	156,230	148,366	143,247	611,345
b	85% of line 2a	138,977	132,796	126,111	121,760	519,643
c	Qualifying distributions from Part XII, line 4 for each year listed.	885,526	798,728	821,138	759,687	3,265,079
d	Amounts included in line 2c not used directly for active conduct of exempt activities.	0	193,808	162,573	0	356,381
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.	885,526	604,920	658,565	759,687	2,908,698
3	Complete 3a, b, or c for the alternative test relied upon.					
a	"Assets" alternative test—enter					
	(1) Value of all assets.					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					0
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	109,001	104,153	98,911	95,498	407,563
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).					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
	(3) Largest amount of support from an exempt organization.					0
	(4) Gross investment income.					0

Part XVSupplementary Information (Complete this part only if the organization 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. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

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

KINNEY DRUGS FOUNDATION
29 EAST MAIN STREET
GOUVERNEUR, NY 136421499
(315) 287-3600

b

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

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

c

Any submission deadlines

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

d

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

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

Form 990-PF (2013)

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	711,287
b Approved for future payment See Additional Data Table				
Total			3b	410,235

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2013)

Part XVII

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

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a

Transfers from the reporting foundation to a noncharitable exempt organization of

1a(1)

Cash.

No

1a(2)

Other assets.

No

b

Other transactions

1b(1)

Sales of assets to a noncharitable exempt organization.

No

1b(2)

Purchases of assets from a noncharitable exempt organization.

No

1b(3)

Rental of facilities, equipment, or other assets.

No

1b(4)

Reimbursement arrangements.

No

1b(5)

Loans or loan guarantees.

No

1b(6)

Performance of services or membership or fundraising solicitations.

No

1c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

No

b

If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

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

Signature of officer or trustee

2014-11-11

Date

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

Yes

No

Paid Preparer Use Only

Print/Type preparer's name JOSEPH A HARDICK CPA	Preparer's Signature	Date	Check if self-employed	PTIN P00435581
Firm's name	DANNIBLE & MCKEE LLP		Firm's EIN	
Firm's address	221 SOUTH WARREN ST SYRACUSE, NY 13202		Phone no (315) 472-9127	

Form 990-PF (2013)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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)
ALPINE GLBL PREMIER PROPERTIES FUND	P	2012-01-01	2013-08-29
CBRE CLARION GLBL REAL ESTATE INCOME	P	2010-11-18	2013-08-09
MAINSTAY EPOCH GLBL EQTY YD FD CL-I	P	2012-01-01	2013-05-13
ROYAL DUTCH SHELL PLC-ADR A	P	2012-01-01	2013-01-11
WILMINGTON LARGE CAP GROWTH FUND -I	P	2012-01-01	2013-01-16
WILMINGTON TAX EXEMPT MMKT CL SLCT	P	2013-01-01	2013-12-23

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
3,423		3,172	251
9,137		8,463	674
13,368		10,922	2,446
63		65	-2
61,842		62,417	-575
86,667		86,667	0


Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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	
			251
			674
			2,446
			-2
			-575
			0


Form 990PF Part VIII Line 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
STEPHEN MCCOY	SECRETARY / TREASURER 5 00	0	0	0
6078 HILLER DRIVE CICERO,NY 13039				
MARK BRACKETT	PRESIDENT 5 00	0	0	0
730 SH 310 CANTON,NY 13617				
RICHARD MCNULTY	VICE PRESIDENT 5 00	0	0	0
22435 RIVERGLADE ROAD WATERTOWN,NY 13601				
CINDY YOUNG	DIRECTOR 2 00	0	0	0
5911 COUNTY ROUTE 27 CANTON,NY 13617				
BERNARD ALDEN	DIRECTOR 2 00	0	0	0
2233 COLLINSVILLE ROAD CRAFTSBURY,VT 05826				
FRED HAGGERTY	DIRECTOR 2 00	0	0	0
505 ELMORE LANE WATERTOWN,NY 13601				
OWEN HALLORAN	DIRECTOR 2 00	0	0	0
32 WOODS DRIVE CANTON,NY 13617				
TIMOTHY O'CONNOR	DIRECTOR 2 00	0	0	0
33 WOODS DRIVE CANTON,NY 13617				
RICHARD COGNETTI	DIRECTOR 2 00	0	0	0
15 COUNTRYSIDE COURT DRIVE GOUVERNEUR,NY 13642				
DANIEL VILLA	DIRECTOR 2 00	0	0	0
26130 CT RT 57 THREE MILE BAY,NY 13693				
JAMES SPENCER	DIRECTOR 2 00	0	0	0
4568 QUARRY POINT CIRCLE CLAY,NY 13041				
WARREN WOLFSON	DIRECTOR 2 00	0	0	0
3612 BLACK BRANT DRIVE LIVERPOOL,NY 13090				
TRACEY STOFFEL	EXECUTIVE DIRECTOR 40 00	52,503	0	0
PO BOX 122 MORRISTOWN,NY 13664				


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)				
a Paid during the year				
ADIRONDACK MEDICAL CENTER PO BOX 120 SARANAC LAKE,NY 12983	N/A	PUBLIC	SPONSORSHIP OF 2013 GALA	2,500
AIDS COMMUNITY RESOURCES 627 WEST GENESEE ST SYRACUSE,NY 13204	N/A	PUBLIC	SPONSORSHIP OF 21ST AIDS WALK/RUN & 14TH FIRST FROST AIDS WALK RUN	3,000
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVE ALBANY,NY 12208	N/A	PUBLIC	DONATION	50,000
ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE,NY 129530729	N/A	PUBLIC	SPONSORSHIP OF 17TH ANNUAL GOLF BENEFIT & 2013 SILVER & BLACK GALA	4,750
ALZHEIMER'S ASSOCIATION MEMORY WALK 258 GENESEE STREET SUITE 509 UTICA,NY 13502	N/A	PUBLIC	SPONSORSHIP OF 2013 - WALK TO END ALZHEIMER'S	4,000
AMERICAN CANCER SOCIETY PO BOX 357 WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF 2013 RELAY FOR LIFE EVENTS	10,000
AMERICAN DIABETES ASSOCIATION 6390 FLY ROAD 2ND FLOOR SYRACUSE,NY 13057	N/A	PUBLIC	SPONSORSHIP TO STEP OUT WALK	2,000
AMERICAN HEART ASSOCIATION 17 TECHNOLOGY PLACE SYRACUSE,NY 13220	N/A	PUBLIC	SPONSORSHIP OF 2013 HEART WALKS & HEARTSAVER HERO AWARDS	15,000
AMERICAN RED CROSS NORTH COUNTRY CHAPTER PO BOX 770 MORRISONVILLE,NY 12962	N/A	PUBLIC	SPONSORSHIP OF THE NORTH COUNTRY RUN	1,000
AMERICAN RED CROSS OF CENTRAL NEW YORK 344 WEST GENESEE STREET 100 SYRACUSE,NY 13202	N/A	PUBLIC	DONATION DISASTER RELIEF - MOHAWK VALLEY FLOODING	5,000
AMERICAN RED CROSS OF NORTHERN NEW YORK 203 N HAMILTON ST WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF REAL HEROES BREAKFAST	5,000
AMERICAN RED CROSS OF WAYNE COUNTY 400 S MAIN ST NEWARK,NY 14513	N/A	PUBLIC	SPONSORSHIP OF 9TH ANNUAL VEGAS NIGHT	500
ARLINGTON FIRE DEPARTMENT PO BOX 264 ARLINGTON,VT 05250	N/A	PUBLIC	DONATION	500
ARLINGTON RESCUE SQUAD PO BOX 295 ARLINGTON,VT 05250	N/A	PUBLIC	DONATION	500
ARTHRITIS FOUNDATION 3300 MONROE AVENUE SUITE 319 ROCHESTER,NY 14618	N/A	PUBLIC	SPONSORSHIP OF 2013 JINGLE BELL RUN/WALK	500
Total  3a				711,287


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)				
a Paid during the year				
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 321 PROSPECT STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF 18TH ANNUAL LAURENCE KISSEL GOLF TOURNAMENT	150
ATAXIA GOLF TOURNAMENT 5963 MUDMILL ROAD BREWERTON,NY 13029	N/A	PUBLIC	SPONSORSHIP OF GOLF FOR A CURE TOURNAMENT	460
AUBURN MEMORIAL HOSPITAL 17 LANSING STREET AUBURN,NY 13021	N/A	PUBLIC	DONATION	10,000
BERLIN VOLUNTEER FIRE DEPARTMENT 338 PAINE TURNPIKE NORTH BERLIN,VT 05602	N/A	PUBLIC	SPONSORSHIP OF 2013 CASINO NIGHT	250
BRAIN INJURY ASSOCIATION OF NYS 4873 THORNWOOD DRIVE LIVERPOOL,NY 13088	N/A	PUBLIC	SPONSORSHIP OF 8TH ANNUAL GOLF CLASSIC	2,000
CAMP GOOD DAYS & SPECIAL TIMES 356 NORTH MIDLER AVE SYRACUSE,NY 13206	N/A	PUBLIC	DONATION	500
CANINES FOR CROHNS AND COLITIS WALK 27 MINEAH ROAD FREEVILLE,NY 13068	N/A	PUBLIC	CANINES FOR CROHNS AND COLITIS WALK	100
CANTON POTSDAM HOSPITAL AUXILLIARY 5 JAY STREET CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF 19TH ANNUAL GOLF TOURNAMENT	1,500
CANTON POTSDAM HOSPITAL FOUNDATION 50 LEROY ST CANTON,NY 13676	N/A	PUBLIC	DONATION	20,000
CARTHAGE AREA HOSPITAL 21957 COLE ROAD CARTHAGE,NY 13619	N/A	PUBLIC	DONATION	5,000
CATHOLIC CHARITIES OF OGDENSBURG 57 RENNIE STREET PO BOX 896 MALONE,NY 12953	N/A	PUBLIC	DONATION TOWARDS DIAPER DISTRIBUTION PROJECT	500
CATSKILL AREA HOSPICE AND PALLIATIVE CARE 1 BIRCHWOOD DRIVE ONEONTA,NY 13820	N/A	PUBLIC	HOSPICE CELEBRITY INVITATIONAL	500
CENTRAL NEW YORK SERVICES INC 518 JAMES STREET SUITE 200 SYRACUSE,NY 13203	N/A	PUBLIC	DONATION TO GRAND OPENING OF PROS CLINIC	500
CENTRAL VERMONT HOME HEALTH & HOSPICE 600 GRANGER ROAD BARRE,VT 05641	N/A	PUBLIC	SPONSORSHIP TO 17TH ANNUAL HOSPICE MEMORIAL GOLF TOURNAMENT	1,000
CHAMPLAIN VALLEY AGENCY OF AGING 76 PEARL STREET 201 ESSEX,VT 05452	N/A	PUBLIC	SPONSORSHIP OF TOP CHEF OF CHAMPLAIN VALLEY	500
Total  3a				711,287


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)				
a <i>Paid during the year</i>				
CHELSEA SENIOR CENTER PO BOX 44 CHELSEA,VT 05038	N/A	PUBLIC	DONATION	500
CHILDREN'S HOME OF JEFFERSON COUNTY 253 STATE STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF 8TH ANNUAL GOLF TOURNAMENT	1,000
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY,UT 84101	N/A	PUBLIC	DONATION	136,080
CHRISTIAN LIFE FELLOWSHIP 52 CHURCH ST GOUVERNEUR,NY 13642	N/A	PUBLIC	DONATION	844
CHURCH & COMMUNITY PROGRAM 7 MAIN STREET CANTON,NY 13617	N/A	PUBLIC	DONATION	3,340
CITIZEN ADVOCATES INC 209 PARK STREET MALONE,NY 12953	N/A	PUBLIC	2013 SPONSORSHIP BACKPACK PROGRAM	500
CLAXTON-HEPBURN MEDICAL CENTER FOUNDATION 214 KING STREET OGDENSBURG,NY 13669	N/A	PUBLIC	SPONSORSHIP OF 10TH ANNUAL FESTIVAL OF TREES	1,500
COMMUNITY MEMORIAL HOSPITAL 150 BROAD STREET HAMILTON,NY 13346	N/A	PUBLIC	DONATION	5,000
COMMUNITY WORK & INDEPENDENCE INC PO BOX 303 GLENS FALLS,NY 12801	N/A	PUBLIC	SPONSORSHIP OF GOLDEN ANNIVERSARY GALA	1,000
CORTLAND MEMORIAL FOUNDATION 134 HOMER AVENUE CORTLAND,NY 13045	N/A	PUBLIC	SPONSORSHIP OF 10TH ANNIVERSARY CMF GOLF CLASSIC	2,500
CRAFTSBURY COMMUNITY CENTER 784 CRAFTSBURY ROAD CRAFTSBURY,VT 05826	N/A	PUBLIC	DONATION TOWARDS CAPITAL CAMPAIGN	1,000
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE,NY 13210	N/A	PUBLIC	DONATION	14,500
CYSTIC FIBROSIS FOUNDATION 333 FINNEGAN ROAD CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF 2013 GREAT STRIDES WALK	500
DEWITT FIRE DEPARTMENT 4500 EAST GENESEE STREET DEWITT,NY 13214	N/A	PUBLIC	DONATION	500
DISABLED PERSONS ACTION ORGANIZATION 617 DAVIDSON ST BOX 222 WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF 2013 SUMMER CONCERT SERIES	10,000
Total  3a				711,287


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)				
a Paid during the year				
DREAM FACTORY 311 HORAN ROAD SYRACUSE, NY 13209	N/A	PUBLIC	SPONSORSHIP OF KICKS FOR KIDS KICKBALL TOURNAMENT	300
EASTER SEALS 641 COMSTOCK ROAD SUITE 1 BERLIN, VT 14617	N/A	PUBLIC	DONATION TO VETS2JOBS PROGRAM	500
EASTWOOD COMMUNITY CENTER 401 SOUTH MIDLER AVE SYRACUSE, NY 13206	N/A	PUBLIC	DONATION	500
EDWARD I MOSES WALK RUN FOR LIFE 29 E MAIN STREET GOUVERNEUR, NY 13642	N/A	PUBLIC	2013 SPONSORSHIP - WALK/RUN FOR LIFE	10,000
ELDERCARE FOUNDATION INC 723 JAMES STREET SYRACUSE, NY 13203	N/A	PUBLIC	SPONSORSHIP 2013 GIFT OF AGE CABARET	2,500
ENABLE GOLF TOURNAMENT 1603 COURT STREET SYRACUSE, NY 13208	N/A	PUBLIC	SPONSORSHIP TO THEIR 2013 ENABLE GOLF CLASSIC	1,000
EVANS MILLS VOLUNTEER FIRE DEPARTMENT 8733 FACTORY STREET EVANS MILLS, NY 13637	N/A	PUBLIC	DONATION	500
FINGER LAKES HEALTH FOUNDATION 196 NORTH STREET GENEVA, NY 14456	N/A	PUBLIC	DONATION	10,000
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	N/A	PUBLIC	SPONSORSHIP OF ANNUAL GOLF OPEN	2,500
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	N/A	PUBLIC	SPONSORSHIP THERE'S NO PLACE LIKE HOME	3,000
FRANKLIN COUNTY HOME HEALTH AGENCY INC 3 HOME HEALTH CIRCLE ST ALBANS, VT 05478	N/A	PUBLIC	SPONSORSHIP 5TH ANNUAL BLUE JEANS BALL	1,000
FREDERIC REMINGTON ART MUSEUM 303 WASHINGTON ST OGDENSBURG, NY 13669	N/A	PUBLIC	DONATION	5,000
FRIENDS OF OSWEGO COUNTY HOSPICE PO BOX 102 OSWEGO, NY 13126	N/A	PUBLIC	SPONSORSHIP TO THEIR REGATTA & WALK/RUN FOR HOPE	1,000
GOUVERNEUR BUSINESS WOMEN PO BOX 165 GOUVERNEUR, NY 13642	N/A	PUBLIC	SPONSORSHIP OF 2013 BREAST WALK	1,500
GOUVERNEUR NEIGHBORHOOD CENTER 15 ROCK ISLAND ROAD GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	2,500
Total  3a				711,287

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)				
a Paid during the year				
GRACE FOOD PANTRY 52 CHURCH STREET GOUVERNEUR,NY 13642	N/A	PUBLIC	DONATION	3,340
HELPING HANDS OF POTSDAM PO BOX 92 HANNAWA FALLS,NY 13647	N/A	PUBLIC	SPONSORSHIP OF CINDY TALCOTT MEMORIAL GOLF TOURNAMENT	500
HOSPICE AND PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD,NY 13413	N/A	PUBLIC	SPONSORSHIP 2013 HOSPICE TELETHON	1,000
HOSPICE FOUNDATION OF CNY 990 SEVENTH NORTH ST LIVERPOOL,NY 13088	N/A	PUBLIC	DONATION	1,000
HOSPICE OF JEFFERSON COUNTY 1398 GOTHAM STREET WATERTOWN,NY 13601	N/A	PUBLIC	2013 SPONSORSHIP SONGS MY FATHER TAUGHT ME EVENT	5,000
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY,NY 12804	N/A	PUBLIC	SPONSORSHIP OF THE 2013 COMMUNITY CHAMPIONS ANNUAL DINNER	1,000
ITHACA HEALTH ALLIANCE PO BOX 362 ITHACA,NY 14851	N/A	PUBLIC	2013 SUPPORT OF FREE CLINIC	1,000
JAY FOCUS GROUP PO BOX 323 NORTH TROY,VT 05859	N/A	PUBLIC	DONATION TOWARD THEIR AED CAMPAIGN	500
JCEO 54 MARGARET STREET PLATTSBURGH,NY 12901	N/A	PUBLIC	DONATION	500
JENNI-LYN WATSON MEMORIAL FUND 7406 DONEGAL WAY LIVERPOOL,NY 13088	N/A	PUBLIC	SPONSORSHIP - JENNI-LYN WATSON GOLF TOURNAMENT	1,000
JEWISH COMMUNITY CENTER OF SYRACUSE 5655 THOMPSON ROAD DEWITT,NY 13214	N/A	PUBLIC	SPONSORSHIP OF THEIR 150TH CELEBRATION EVENT & ANNUAL MEETING	3,000
LAMOILLE WOMEN'S CRISIS HOME BOX 517 MORRISVILLE,VT 05661	N/A	PUBLIC	SPONSORSHIP OF VAGINA MONOLOGUES PRODUCTION - ENDING DOMESTIC VIOLENCE	300
LEWIS COUNTY HOSPITAL FOUNDATION 7785 N STATE ST LOWVILLE,NY 13367	N/A	PUBLIC	SPONSORSHIP OF 6TH ANNUAL GOLF EVENT & LCGH BREAST CANCER AWARENESS DINNER	1,000
LIVERPOOL PUBLIC LIBRARY 310 TULIP STREET LIVERPOOL,NY 13088	N/A	PUBLIC	2013 DISASTER PREPAREDNESS	50
MAKE-A-WISH CENTRAL NEWYORK 5005 CAMPUSWOOD DRIVE EAST SYRACUSE,NY 13057	N/A	PUBLIC	SPONSORSHIP OF THE 2013 SUGARMAN LAW FIRM WISH BALL	1,000
Total  3a				711,287


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)				
a Paid during the year				
MARCELLUS AMBULANCE VOLUNTEER EMERGENCY SERVICES 3707 LEE MULROY ROAD MARCELLUS,NY 13108	N/A	PUBLIC	SUPPORT FOR NEW AMBULANCE ACQUISITION	500
MASSENA MEMORIAL HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA,NY 13662	N/A	PUBLIC	DONATION	5,000
MERCY WORKS INC 1221 SOUTH SALINA STREET SYRACUSE,NY 13202	N/A	PUBLIC	DONATION TOWARDS CAPITAL CAMPAIGN	5,000
MISSISQUOI VALLEY AMBULANCE SERVICE 1037 GENDRON ROAD JAY,VT 05859	N/A	PUBLIC	DONATION TOWARDS AMBULANCE COMPUTER MOUNTS	500
MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 237 6743 KINNE ST EAST SYRACUSE,NY 13057	N/A	PUBLIC	SPONSORSHIP OF 2013 MISSION STEPS WALK	500
MUSCULAR DYSTROPHY ASSOCIATION 6315 FLY ROAD SUITE 102 EAST SYRACUSE,NY 13057	N/A	PUBLIC	2014 SPONSORSHIP MUSCLE WALKS	1,000
NAMI 162 S MAIN STREET WATERBURY,VT 05676	N/A	PUBLIC	SPONSORSHIP OF 2013 NAMI WALK	500
NMC RUN FOR JIM FOUNDATION 80 UPPER WELDON STREET ST ALBANS,VT 05478	N/A	PUBLIC	SPONSORSHIP OF THE 2013 RUN/WALK FOR JIM	500
NORTH AREA MEALS ON WHEELS INC 413 CHURCH STREET NORTH SYRACUSE,NY 13212	N/A	PUBLIC	SPONSORSHIP OF THE 5TH ANNUAL SPRING GALA	500
NORTH COUNTRY CHILDREN'S CLINIC 238 ARSENAL ST WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	37,000
NORTH COUNTRY COMMUNITY COLLEGE FOUNDATION PO BOX 89 SARANAC LAKE,NY 12983	N/A	PUBLIC	DONATION	1,000
NORTH COUNTRY HOSPITAL & HEALTH CENTER 189 PROUTY DRIVE NEWPORT,VT 05855	N/A	PUBLIC	SPONSORSHIP 2ND ANNUAL MOONLIGHT BALL	3,000
NORTHERN OSWEGO COUNTY AMBULANCE INC 121 DELANO STREET PULASKI,NY 13142	N/A	PUBLIC	DONATION TOWARDS BUILDING PROJECT	2,500
ODGENSBURG VOLUNTEER RESUCE SQUAD PO BOX 172 OGDENSBURG,NY 13669	N/A	PUBLIC	DONATION TO THEIR GENERAL FUND	500
OSWEGO HEALTH GOLF TOURNAMENT 110 WEST SIXTH STREET OSWEGO,NY 13126	N/A	PUBLIC	SPONSORSHIP OF 26TH ANNUAL OSWEGO HEALTH GOLF TOURNAMENT	1,000
Total  3a				711,287


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)				
a Paid during the year				
PREVENT CHILD ABUSE PO BOX 829 MONTPELIER,VT 05601	N/A	PUBLIC	SPONSORSHIP OF WALK FOR CHILDREN	500
ROCHESTER PRESBYTERIAN HOME 256 THURSTON ROAD ROCHESTER,NY 14619	N/A	PUBLIC	2013 SPONSORSHIP MITE PROGRAM	5,000
RONALD MCDONALD HOUSE CHARITIES 1100 E GENESEE STREET SYRACUSE,NY 13210	N/A	PUBLIC	SPONSORSHIP OF 17TH ANNUAL CNY INVITATIONAL	1,500
S&S VOLUNTEER AMBULANCE 75 N HELMER AVENUE DOLGEVILLE,NY 13329	N/A	PUBLIC	DONATION FOR CARDIAC MONITOR	500
SAMARITAN AUXILIARY 322 FLOWER AVE W WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF 2013 ONE NIGHT, ONE DIAMOND GALA	1,000
SAMARITAN FOUNDATION OF NNY 830 WASHINGTON ST WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	74,746
SAMARITAN FOUNDATION 830 WASHINGTON ST WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP/DONATION	75,700
SARAH HOUSE 100 ROBERTS AVE SYRACUSE,NY 13207	N/A	PUBLIC	2014 SPONSORSHIP MARDI GRAS CELEBRATION	1,000
SARANAC LAKE SKATEPARK COMMITTEE PO BOX 995 SARANAC LAKE,NY 12983	N/A	PUBLIC	DONATION TO SKATEBOARD PARK	500
SCHC FOUNDATION 819 SOUTH SALINA STREET SYRACUSE,NY 13202	N/A	PUBLIC	SPONSORSHIP AN EVENING OF JAZZ	3,450
SENIOR CITIZENS COUNCIL OF CLINTON COUNTY 5139 NORTH CATHERINE STREET PLATTSBURGH,NY 12901	N/A	PUBLIC	DONATION	500
SHAMROCK ANIMAL FUND INC 7815 KARAKUL LANE FAYETTEVILLE,NY 13066	N/A	PUBLIC	DONATION	10,000
SHELBURNE MUSEUM INC 5555 SHELBURNE ROAD SHELBURNE,VT 05482	N/A	PUBLIC	DONATION TO MUSEUM'S SPECIAL NEEDS PROGRAM	250
SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICES 77 FENNELL STREET SKANEATELES,NY 13152	N/A	PUBLIC	SPONSORSHIP OF 2 CHILLERS	500
SOUTH ROYALTON SCHOOL 3590 VT ROUTE 14 SOUTH ROYALTON,VT 05068	N/A	PUBLIC	DONATION	500
Total 3a				711,287

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)				
a <i>Paid during the year</i>				
SOUTHERN OSWEGO VOLUNTEER AMBULANCE CORPS PO BOX 209 CENTRAL SQUARE, NY 13036	N/A	PUBLIC	DONATION	500
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD, VT 05156	N/A	PUBLIC	SPONSORSHIP OF CENTENNIAL STARLIGHT BALL	1,000
ST ELIZABETH MEDICAL CENTER FOUNDATION 2209 GENESEE ST UTICA, NY 13501	N/A	PUBLIC	SPONSORSHIP OF 18TH ANNUAL GOLF TOURNAMENT	1,500
ST JOSEPH THE WORKER CHURCH 800 SECOND STREET LIVERPOOL, NY 13088	N/A	PUBLIC	SPONSORSHIP OF THE 2013 6TH ANNUAL CRAWFISH FESTIVAL	500
ST JOSEPH'S FOUNDATION 950 LINDEN STREET OGDENSBURG, NY 13669	N/A	PUBLIC	2013 FALL FUNDRAISER	100
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION 973 JAMES STREET SUITE 250 SYRACUSE, NY 13203	N/A	PUBLIC	DONATION	20,000
ST LAWRENCE NYS ARC 1942 OLD DEKALB RD STE 1 CANTON, NY 13617	N/A	PUBLIC	DONATION	2,500
ST LUKE HEALTH SERVICES 80 IROQUOIS TRAIL OSWEGO, NY 13126	N/A	PUBLIC	2013 SPONOSORSHIP OF 2ND ANNUAL EMPLOYEE WELLNESS FAIR	300
STAND AGAINST SUICIDE 5361 LYNCH ROAD ELBRIDGE, NY 13060	N/A	PUBLIC	SPONSORSHIP OF 2013 BATTLE OF THE BANDS	250
THE CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE NEW HARTFORD, NY 13413	N/A	PUBLIC	SPONSORSHIP OF STARS & STRIPES RUN/WALK	1,500
THE ELIZABETH BREWSTER HOUSE FOUNDATION 41 SOUTH MAIN STREET HOMER, NY 13077	N/A	PUBLIC	2013 SUPPORT OF UPGRADE CALL SYSTEM PROJECT	1,000
THE KARA FUND 5827 AUGSBURG CIRCLE EAST SYRACUSE, NY 13057	N/A	PUBLIC	2014 SPONSORSHIP 2ND ANNUAL OPEN YOUR HEARTS FOR CHILDREN GALA	2,500
THE LEUKEMIA AND LYMPHOMA SOCIETY 4043 MAPLE ROAD SUITE 105 AMHERST, NY 14226	N/A	PUBLIC	SPONSORSHIP LIGHT THE NIGHT WALK	1,500
THERUN4LIFE 48 PERRY STREET AUBURN, NY 13021	N/A	PUBLIC	SPONSORSHIP OF 2013 TRICK OR TROT RUN	250
UNITED CEREBRAL PALSY 4 COMMERCE LANE CANTON, NY 13617	N/A	PUBLIC	SPONSORSHIP OF 2013 POLAR BEAR GOLF CLASSIC	1,000
Total  3a				711,287

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)				
a <i>Paid during the year</i>				
UNITED HELPERS 732 FORD STREET OGDENSBURG,NY 13669	N/A	PUBLIC	2013 OKTOBERFEST COSTUMED PREDICTION RUN/WALK SPONSORSHIP	1,000
UNITED HELPERS 732 FORD STREET OGDENSBURG,NY 13669	N/A	PUBLIC	DONATION	10,000
UNIVERSITY OF CONNECTICUT FOUNDATION 2390 ALUMNI DRIVE UNIT 3206 STORRS,CT 06269	N/A	PUBLIC	DONATION	6,000
UPSTATE MEDICAL UNIVERSITY FOUNDATION 750 E ADAMS STREET SYRACUSE,NY 13210	N/A	PUBLIC	DONATION	10,000
VERA HOUSE INC 6181 THOMPSON RD STE 100 SYRACUSE,NY 13206	N/A	PUBLIC	SPONSORSHIP OF 2013 WHITE RIBBON CAMPAIGN	5,000
VERMONT ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 60 KIMBALL STREET SOUTH BURLINGTON,VT 05403	N/A	PUBLIC	SPONSORSHIP OF SUMMER CAMP PROGRAM	2,000
VERMONT CARES PO BOX 5248 BURLINGTON,VT 05402	N/A	PUBLIC	SPONSORSHIP OF CHAMP RIDE	1,500
WATERTOWN URBAN MISSION 247 FACTORY STREET WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	3,631
WATERTOWN URBAN MISSION 247 FACTORY STREET WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	5,000
WELLNESS CENTER PARC 295 NEW YORK ROAD PLATTSBURGH,NY 12903	N/A	PUBLIC	DONATION TOWARD PURCHASE OF CPR PRACTICE MANIKINS	2,000
WESTCOTT COMMUNITY CENTER 826 EUCLID AVENUE SYRACUSE,NY 13210	N/A	PUBLIC	DONATION	750
WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA,KS 66675	N/A	PUBLIC	DONATION OF CANDY BAR SALES/WARRIOR 5K RUN/WALK	7,396
Total  3a				711,287

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</div>	<div>OMB No 1545-0047</div> <div>2013</div>
	<div>Name of the organization</div> <div>KINNEY DRUGS FOUNDATION INC</div>	<div>Employer identification number</div> <div>03-0406308</div>

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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 33¹/₃% 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 the greater 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 for 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 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KINNEY DRUGS FOUNDATION INC	Employer identification number 03-0406308
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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
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)
 ____	 _____ _____ _____	 \$ _____	 <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> (Complete Part II for noncash contribution)

Name of organization KINNEY DRUGS FOUNDATION INC	Employer identification number 03-0406308
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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
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization KINNEY DRUGS FOUNDATION INC	Employer identification number 03-0406308
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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 See instructions) ▶ \$

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
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
<div></div> <div></div>		<div></div> <div></div> <div></div>	

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 03-0406308

Name: KINNEY DRUGS FOUNDATION INC

Form 990 Schedule B, 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
<u>1</u>	<div>SAMARITAN MEDICAL CENTER</div> <div>830 WASHINGTON STREET</div> <div></div> <div>WATERTOWN, NY 13601</div> <div></div>	\$ <div>5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>2</u>	<div>STEPHEN PATRICIA MCCOY</div> <div>6078 HILLER DRIVE</div> <div></div> <div>CICERO, NY 13039</div> <div></div>	\$ <div>5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>3</u>	<div>BRIDGET-ANN HART</div> <div>169 SOMMERVILLE ROAD</div> <div></div> <div>ANTWERP, NY 13608</div> <div></div>	\$ <div>5,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>4</u>	<div>COCA COLA</div> <div>PO BOX 1734</div> <div></div> <div>ATLANTA, GA 30301</div> <div></div>	\$ <div>11,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>5</u>	<div>HALLMARK GLOBAL SERVICES INC</div> <div>2501 MCGEE TRAFFICWAY</div> <div></div> <div>KANSAS CITY, MO 64108</div> <div></div>	\$ <div>25,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>6</u>	<div>HAYLOR FREYER COON INC</div> <div>231 SALINA MEADOWS PARKWAY</div> <div></div> <div>SYRACUSE, NY 13221</div> <div></div>	\$ <div>11,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>7</u>	<div>LIBERTY MUTUAL GROUP INC</div> <div>175 BERKELEY STREET</div> <div></div> <div>BOSTON, MA 02116</div> <div></div>	\$ <div>10,000</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>8</u>	<div>PEPSI BEVERAGES COMPANY</div> <div>6010 TARBELL ROAD</div> <div></div> <div>SYRACUSE, NY 13206</div> <div></div>	\$ <div>10,400</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>9</u>	<div>PINCKNEY HUGO GROUP</div> <div>760 WEST GENESEE STREET</div> <div></div> <div>SYRACUSE, NY 13204</div> <div></div>	\$ <div>5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>10</u>	<div>RETALIX</div> <div>6100 TENNYSON PARKWAY SUITE 150</div> <div></div> <div>PLANO, TX 75024</div> <div></div>	\$ <div>5,500</div>	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>11</u>	<div>KINNEY DRUGS INC</div> <div>29 EAST MAIN STREET</div> <div>GOUVERNEUR, NY 13642</div>	\$ 150,000	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>
<u>12</u>	<div>PEPSI COLA OGDENSBURG</div> <div>1001 MANSION AVE</div> <div>OGDENSBURG, NY 13669</div>	\$ 5,500	<div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution)</div>

**TY 2013 Investments Corporate
Stock Schedule****Name:** KINNEY DRUGS FOUNDATION INC**EIN:** 03-0406308

Name of Stock	End of Year Book Value	End of Year Fair Market Value
KINNEY DRUG, INC. STOCK	2,228,779	2,228,779

TY 2013 Other Assets Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM KINNEY DRUGS	66,200	21,722	21,722
PREPAID TAXES	0	293	293

TY 2013 Other Expenses Schedule**Name:** KINNEY DRUGS FOUNDATION INC**EIN:** 03-0406308

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	13,452	13,452	0	0
UNCOLLECTIBLE PLEDGES	6,000	0	0	6,000
FUNDRAISING EVENT EXPENSES	122,995	0	0	122,995
MISCELLANEOUS	7,594	2,278	0	5,316

TY 2013 Other Income Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	139,615		139,615

TY 2013 Other Increases Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Description	Amount
UNREALIZED GAIN	539,300

TY 2013 Other Liabilities Schedule**Name:** KINNEY DRUGS FOUNDATION INC**EIN:** 03-0406308

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX PAYABLE	9,039	0

TY 2013 Taxes Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX EXPENSE	710	0	0	0