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

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OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

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	B Telephone number (see instructions) (315) 425-7960
City or town, state or province, country, and ZIP or foreign postal code GOUVERNEUR, NY 13642		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 3,874,201	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



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 income

(d) Disbursements for charitable purposes (cash basis only)

Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	715,907			
	2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities.	102,287	102,287	102,287	
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	251,122			
	b	Gross sales price for all assets on line 6a 3,267,429				
	7	Capital gain net income (from Part IV , line 2) . . .		251,122		
	8	Net short-term capital gain			20,393	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
b	Less Cost of goods sold					
c	Gross profit or (loss) (attach schedule)					
11	Other income (attach schedule)	 169,374	0	169,374		
12	Total. Add lines 1 through 11	1,238,690	353,409	292,054		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	53,736	13,434	0	40,302
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule).				
	b	Accounting fees (attach schedule).	 1,500	750	0	750
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	 3,207	0	0	0
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	2,512	754	0	1,758
	22	Printing and publications				
	23	Other expenses (attach schedule).	 161,159	17,739	0	143,420
	24	Total operating and administrative expenses. Add lines 13 through 23	222,114	32,677	0	186,230
25	Contributions, gifts, grants paid	525,288			728,283	
26	Total expenses and disbursements. Add lines 24 and 25	747,402	32,677	0	914,513	
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	491,288			
	b	Net investment income (if negative, enter -0-)		320,732		
	c	Adjusted net income (if negative, enter -0-) . . .			292,054	

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	125,963	54,032	54,032
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ <u>110,553</u> Less allowance for doubtful accounts ▶ _____	75,956	110,553	110,553
	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) ▶ <u>1,357,494</u> Less allowance for doubtful accounts ▶ <u>0</u>	1,174,027	1,357,494	1,357,494
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	1,268		
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	2,228,779	2,305,986	2,305,986
	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) ▶ _____			
15	Other assets (describe ▶ _____)	22,015	46,136	46,136	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	3,628,008	3,874,201	3,874,201	
Liabilities	17	Accounts payable and accrued expenses	14,311	1,509	
	18	Grants payable	410,235	207,240	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)	0	1,914	
	23	Total liabilities (add lines 17 through 22)	424,546	210,663	
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	3,203,462	3,663,538	
	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 instructions)	3,203,462	3,663,538	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	3,628,008	3,874,201	

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 3,203,462
2	Enter amount from Part I, line 27a	2 491,288
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 3,694,750
5	Decreases not included in line 2 (itemize) ▶ _____	5 31,212
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 3,663,538

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			(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	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	251,122
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	20,393

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))
2013	884,819	3,270,037	0 270584
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

2	Total of line 1, column (d).	2	1 313309
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 262662
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	3,522,829
5	Multiply line 4 by line 3.	5	925,313
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,207
7	Add lines 5 and 6.	7	928,520
8	Enter qualifying distributions from Part XII, line 4.	8	914,513

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			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	6,415
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	6,415
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	6,415
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,293	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	2,600	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	3,893
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	2,522
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

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 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 <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <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) <input type="checkbox"/> 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 2014 or the taxable year beginning in 2014 (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?	13	Yes	
Website address ▶ WWW KINNEYDRUGSFOUNDATION COM				
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 2014, 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?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			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 instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2014 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 2014.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 2014?	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))?

Yes

No

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

Yes

No

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

Yes

No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

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

Yes

No

b

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

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?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

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

Yes

No

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?

Yes

No

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

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	525,288
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 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	2,290,683
b	Average of monthly cash balances.	1b	121,268
c	Fair market value of all other assets (see instructions).	1c	1,164,525
d	Total (add lines 1a, b, and c).	1d	3,576,476
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	3,576,476
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	53,647
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,522,829
6	Minimum investment return. Enter 5% of line 5.	6	176,141

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 2014 from Part VI, line 5.	2a	
b	Income tax for 2014 (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	914,513
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	914,513
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	914,513
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 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2014			
a	Enter amount for 2013 only.			
b	Total for prior years 20____, 20____, 20____			
3	Excess distributions carryover, if any, to 2014			
a	From 2009.			
b	From 2010.			
c	From 2011.			
d	From 2012.			
e	From 2013.			
f	Total of lines 3a through e.			
4	Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ _____			
a	Applied to 2013, 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 2014 distributable amount.			
e	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2014 (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 2013 Subtract line 4a from line 2a Taxable amount—see instructions			
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).			
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . . .			
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a			
10	Analysis of line 9			
a	Excess from 2010.			
b	Excess from 2011.			
c	Excess from 2012.			
d	Excess from 2013.			
e	Excess from 2014.			

Part XIV

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

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

1b

Check box to indicate whether the organization is a private operating foundation described in section 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) 2014	(b) 2013	(c) 2012	(d) 2011	
		176,141	163,502	156,230	148,366	644,239
b	85% of line 2a	149,720	138,977	132,796	126,111	547,603
c	Qualifying distributions from Part XII, line 4 for each year listed	914,513	885,526	798,728	821,138	3,419,905
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	193,808	162,573	356,381
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	914,513	885,526	604,920	658,565	3,063,524
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.	117,427	109,001	104,153	98,911	429,492
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 XV

Supplementary 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:

1a

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))

1b

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.

1a

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

1b

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

1c

Any submission deadlines

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

1d

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

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	728,283
b Approved for future payment See Additional Data Table				
Total			3b	96,922

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

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?

Yes	No
-----	----

No

a Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash.

1a(1)

No

(2) Other assets.

1a(2)

No

b Other transactions

(1) Sales of assets to a noncharitable exempt organization.

1b(1)

No

(2) Purchases of assets from a noncharitable exempt organization.

1b(2)

No

(3) Rental of facilities, equipment, or other assets.

1b(3)

No

(4) Reimbursement arrangements.

1b(4)

No

(5) Loans or loan guarantees.

1b(5)

No

(6) Performance of services or membership or fundraising solicitations.

1b(6)

No

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

1c

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.

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

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

* * * * *

2015-07-27

* * * * *

Signature of officer or trustee

Date

Title

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

☒ Yes ☐ No

Paid Preparer Use Only	Firm's name ▶ DANNIBLE & MCKEE LLP	Firm's EIN ▶ 33-0996661
	Firm's address ▶ 221 SOUTH WARREN ST SYRACUSE, NY 13202	Phone no (315) 472-9127

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)
ABERDEEN GLBL HIGH INC CL I	P	2013-01-01	2014-05-08
ALLSCRIPTS HEALTHCARE SOLUTIONS INC	P	2013-01-01	2014-07-17
AMERICAN CAMPUS COMMUNITIES INC-RE	P	2013-01-01	2014-05-29
DREYFUS INTERNATIONAL BOND CL I	P	2013-01-01	2014-05-08
FEDERATED ULTRA SHORT BOND CL I	P	2014-05-27	2014-09-03
GENERAL ELECTRIC COMPANY	P	2013-01-01	2014-07-23
GUINNESS ATKINSON CHINA HONG KONG FD	P	2013-01-01	2014-05-08
H&R BLOCK COMMON	P	2013-01-01	2014-07-17
HARBOR INTERNATIONAL CL I	P	2013-01-01	2014-05-08
ISHARES MSCI EAFE GROWTH ETF	P	2014-05-12	2014-09-05

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)
10,123		10,367	-244
4,736		3,830	906
21,129		24,820	-3,691
25,751		26,657	-906
61,741		61,803	-62
13,796		11,413	2,383
11,350		15,031	-3,681
11,482		5,856	5,626
19,356		17,750	1,606
20,583		20,895	-312

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	
			-244
			906
			-3,691
			-906
			-62
			2,383
			-3,681
			5,626
			1,606
			-312

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)
ISHARES RUSSELL 1000 GROWTH ETF	P	2013-01-01	2014-05-12
ISHARES RUSSELL 2000 VALUE ETF	P	2014-05-12	2014-09-05
ISHARES S&P MID-CAP 400 VALUE ETF	P	2014-05-12	2014-09-05
ISHARES S&P 500 GROWTH ETF	P	2014-05-12	2014-09-19
JPMORGAN CHASE & CO	P	2013-01-01	2014-07-23
LILLY ELI & COMPANY COMMON	P	2013-01-01	2014-07-23
LITMAN GREGORY MSTRS I NTL FD CL-INST	P	2013-01-01	2014-05-08
LSV VALUE EQUITY FUND STRATEGY	P	2013-01-01	2014-09-30
MAGELLAN MIDSTREAM PARTNERS L P	P	2013-01-01	2014-05-29
MFS EMERGING MARKETS DEBT FUND	P	2013-01-01	2014-05-08

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)
73,115		57,255	15,860
85,149		84,142	1,007
83,034		78,818	4,216
98,873		92,811	6,062
20,393		14,318	6,075
25,226		17,824	7,402
39,350		28,537	10,813
163,562		105,864	57,698
36,520		19,769	16,751
26,368		27,477	-1,109

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	
			15,860
			1,007
			4,216
			6,062
			6,075
			7,402
			10,813
			57,698
			16,751
			-1,109

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)
MORGAN STANLEY FOCUS GROWTH FD CL-I	P	2014-04-03	2014-04-07
MSIF GROWTH PORTFOLIO CL I	P	2014-04-07	2014-05-08
NEW YORK COMMUNITY BANCORP INC	P	2013-01-01	2014-07-17
PHILLIPS 66	P	2013-01-01	2014-07-17
RIDGEWORTH SEIX FLTNG RT HI INC FD I	P	2013-01-01	2014-09-03
SOUTHERN CO COM	P	2013-01-01	2014-06-03
SOUTHERN COPPER CORP	P	2013-01-01	2014-06-03
SPDR S&P DIVIDEND ETF	P	2013-01-01	2014-05-12
SYSCO CORP COMMON	P	2013-01-01	2014-07-23
T ROWE PRICE LRG CAP GROWTH FD INST	P	2013-01-01	2014-05-08

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)
			0
55,316		42,618	12,698
12,822		11,138	1,684
27,964		15,114	12,850
98,417		98,782	-365
12,980		13,687	-707
10,380		10,911	-531
72,695		57,876	14,819
9,182		7,361	1,821
64,649		30,333	34,316

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	
			0
			12,698
			1,684
			12,850
			-365
			-707
			-531
			14,819
			1,821
			34,316

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)
WILMINGTON BROAD MARKET BOND FUND I	P	2013-01-01	2014-09-03
WILMINGTON LARGE CAP VALUE FUND I	P	2013-01-01	2014-05-08
WILMINGTON MID CAP GROWTH FUND I	P	2013-01-01	2014-05-08
WILMINGTON MULTI-MGR INTERNATIONAL I	P	2013-01-01	2014-05-08
WILMINGTON MULTI-MGR REAL ASSET I	P	2014-05-08	2014-06-11
WILMINGTON MULTI-MGR ALT FD I	P	2014-09-18	2014-10-08
WILMINGTON SHORT-TERM CORP BOND I	P	2013-01-01	2014-05-08
WILMINGTON SMALL CAP GROWTH BOND I	P	2013-01-01	2014-05-08
WISDOMTREE INTL SM CAP DIVIDEND ETF	P	2014-05-12	2014-10-08
WILMINGTON PRIME MONEY MKT	P	2014-05-28	2014-11-21

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)
103,844		109,934	-6,090
72,107		54,051	18,056
51,031		31,545	19,486
51,463		45,878	5,585
69,895		69,185	710
92,379		92,793	-414
86,278		86,893	-615
33,965		19,034	14,931
30,083		33,595	-3,512
602,114		602,114	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	
			-6,090
			18,056
			19,486
			5,585
			710
			-414
			-615
			14,931
			-3,512
			0

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)
WILMINGTON TAX EXEMPT MMKT	P	2014-01-02	2014-05-29

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)
858,228		858,228	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	
			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	DIRECTOR 2 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				
CYNTHIA YOUNG	DIRECTOR 2 00	0	0	0
5911 COUNTY ROUTE 27 CANTON,NY 13617				
DAVE MCCLURE	PRESIDENT 5 00	0	0	0
191 PEABODY ROAD GOUVERNEUR,NY 13642				
FRED HAGGERTY	DIRECTOR 2 00	0	0	0
505 ELMORE LANE WATERTOWN,NY 13601				
OWEN HALLORAN	DIRECTOR 2 00	0	0	0
1 WALDEN CIRCLE SARATOGA SPRINGS,NY 12866				
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	53,736	0	0
PO BOX 122 MORRISTOWN,NY 13664				
KATHY SHATRAW	DIRECTOR 2 00	0	0	0
9 BALSAM DRIVE BARRE,VT 05642				


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				
ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 15TH ANNUAL FIRST FROST AIDS WALK/RUN	1,000
ADIRONDACK MEDICAL CENTER PO BOX 120 SARANAC LAKE, NY 12983	N/A	PUBLIC	SPONSORSHIP OF THE 2014 ADIRONDACK HEALTH FOUNDATION GALA AND THE 19TH ANNUAL GOLF TOURNAMENT	3,000
AIDS COMMUNITY RESOURCES 627 WEST GENESEE ST SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 22ND ANNUAL AIDS WALK/RUN	1,500
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 THE GOLF OUTING & SILVER & BLACK GALA	14,750
ALS ASSOCIATION OF UPSTATE NY 890 SEVENTH NORTH STREET LIVERPOOL, NY 13088	N/A	PUBLIC	SPONSORSHIP OF THE 3RD ANNUAL DRIVING TOWARDS A CURE GOLF TOURNAMENT	500
ALZHEIMER'S ASSOCIATION 441 KIRKPATRICK STREET SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 2014 WALKS TO END ALZHEIMERS	4,000
AMERICAN CANCER SOCIETY PO BOX 357 WATERTOWN, NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE RELAY FOR LIFE EVENTS IN NORTHERN & CENTRAL NY	10,000
AMERICAN DIABETES ASSOCIATION 6390 FLY ROAD 2ND FLOOR SYRACUSE, NY 13057	N/A	PUBLIC	SPONSORSHIP OF THE 2014 STEP OUT TO STOP DIABETES	1,000
AMERICAN HEART ASSOCIATION 17 TECHNOLOGY PLACE SYRACUSE, NY 13220	N/A	PUBLIC	SPONSORSHIP OF THE 2014 HEART WALKS & GO RED FOR WOMEN EVENTS	30,000
AMERICAN RED CROSS NORTH COUNTRY CHAPTER PO BOX 770 MORRISONVILLE, NY 12962	N/A	PUBLIC	SPONSORSHIP OF THE 2014 CNY GREAT CHEFS DINNERAND THE 2ND ANNUAL RUN FOR THE RED 5K	2,250
AMERICAN RED CROSS OF CENTRAL NEW YORK 344 WEST GENESEE STREET 100 SYRACUSE, NY 13202	N/A	PUBLIC	SPONSORSHIP OF THE 2014 REAL HEROES BREAKFAST	5,000
AMERICAN RED CROSS OF NORTHERN VT 29 MANSFIELD AVE BURLINGTON, VT 05401	N/A	PUBLIC	SUPPORT TO THEIR LOCAL DISASTER SHELTER INITIATIVE	2,500
AMERICAN RED CROSS OF WESTERN NY 83 WEST BAYARD STREET SENECA FALLS, NY 13148	N/A	PUBLIC	SUPPORT TO THEIR SPECIAL NEEDS SHELTER INITIATIVE	1,250
ARC OF ONONDAGA FOUNDATION 600 S WILBUR AVE SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 20TH ANNUAL ACHIEVEMENT AWARDS DINNER	1,000
Total  3a				728,283


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				
ARTHRITIS FOUNDATION 3300 MONROE AVENUE SUITE 319 ROCHESTER,NY 14618	N/A	PUBLIC	SPONSORSHIP OF THE 2014 JINGLE BELL WALK/RUN	500
ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 321 PROSPECT STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE ANNUAL LAURENCE H KISSEL MEMORIAL GOLF TOURNAMENT	150
ATAXIA GOLF TOURNAMENT 5963 MUDMILL ROAD BREWERTON,NY 13029	N/A	PUBLIC	SPONSORSHIP OF THE 2014 GOLF FOR A CURE FOR ATAXIA	460
AUBURN MEMORIAL HOSPITAL 17 LANSING STREET AUBURN,NY 13021	N/A	PUBLIC	DONATION	10,000
BISHOP LUDDEN JUNIORSENIOR HIGH SCHOOL 815 FAY ROAD SYRACUSE,NY 13219	N/A	PUBLIC	SPONSORSHIOP FALL FROLIC 5K RUN/WALK	300
BRAIN INJURY ASSOCIATION OF NYS 4873 THORNWOOD DRIVE LIVERPOOL,NY 13088	N/A	PUBLIC	SPONSORSHIP OF THE GOLF CLASSIC	2,000
BREWERTON VOLUNTEER FIRE & AMBULANCE SVC 9625 BREWERTON ROAD BREWERTON,NY 13029	N/A	PUBLIC	DONATION EZIO EQUIPMENT FUNDRAISER	500
BRIGHTON FIRE DEPARTMENT PO BOX 401 LYNDONVILLE,NY 05851	N/A	PUBLIC	GRAND OPENING DONATION - STORE #120	500
CAMP GOOD DAYS & SPECIAL TIMES 356 NORTH MIDLER AVE SYRACUSE,NY 13206	N/A	PUBLIC	SPONSORSHIP OF THE 2ND ANNUAL WINE IN THE WOODS	500
CAMP TA-KUM-TA 88 PACKARD ROAD JERICOH,VT 05465	N/A	PUBLIC	SPONSORHIP TEE OFF FORE TA-KUM-TA	500
CANCER RESOURCE CENT OF THE FINGER LAKES 612 W STATE STREET ITHACA,NY 14850	N/A	PUBLIC	SPONSORSHIP OF THE ANNUAL SURVIVOR DAY CELEBRATION	500
CANTON POTSDAM HOSPITAL FOUNDATION 50 LEROY ST CANTON,NY 13676	N/A	PUBLIC	DONATION	20,000
CAROL M BALDWIN BREAST CANCER RESEARCH FUND OF CNY 14 TECHNOLOGY DRIVE SUITE 2 SETAUKET,NY 11773	N/A	PUBLIC	DONATION	787
CARTHAGE AREA HOSPITAL 21957 COLE ROAD CARTHAGE,NY 13619	N/A	PUBLIC	DONATION	5,000
CATHOLIC CHARITIES OF ONONDAGA COUNTY 1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 2014 PROVIDENCE DINNER	1,000
Total  3a				728,283


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				
CHAMPLAIN COMMUNITIY SERVICES INC 512 TROY STREET COLCHESTER,VT 05446	N/A	PUBLIC	SPONSORSHIP OF THE 9TH ANNUAL BENEFIT AUCTION	500
CHAMPLAIN VALLEY AGENCY OF AGING 76 PEARL STREET 201 ESSEX,VT 05452	N/A	PUBLIC	SPONSORSHIP OF THE 40TH ANNIVERSARY CELEBRATION	500
CHAMPLAIN VALLEY HEAD START 431 PINE ST BURLINGTON,VT 05401	N/A	PUBLIC	DONATION	1,800
CHARITY FOR CHILDREN INC PO BOX 204 SYRACUSE,NY 13026	N/A	PUBLIC	SPONSORSHIP OF THE 2014 CHARITY WALK/RUN FOR KIDS	500
CHILDREN'S HOME OF JEFFERSON COUNTY 253 STATE STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE 9TH ANNUAL GOLF TOURNAMENT	1,500
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY,UT 84101	N/A	PUBLIC	DONATION	166,512
CICERO POLICE DEPARTMENT 8236 BREWERTON ROAD CICERO,NY 13039	N/A	PUBLIC	SPONSORSHIP OF THE DRUG GIVEBACK PROGAM	695
CLAXTON-HEPBURN MEDICAL CENTER FOUNDATION 503 MANSION AVENUE OGDENSBURG,NY 13669	N/A	PUBLIC	SPONSORSHIP OF THE INFANT WARMER & SPONOSORSHIP OF 2014 FESTIVAL OF TREES	7,500
CLAYTON ROTARY CLUB 423 RIVERSIDE DRIVE CLAYTON,NY 13624	N/A	PUBLIC	SPONSORSHIP OF THE 2014 TASTE OF THE TOWN	500
CORTLAND MEMORIAL FOUNDATION 134 HOMER AVENUE CORTLAND,NY 13045	N/A	PUBLIC	SPONSORSHIP OF THE 11TH ANNUAL CMF GOLF CLASSIC	2,500
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE,NY 13210	N/A	PUBLIC	DONATION	20,000
CROUSE HOSPITAL AUXILIARY 221 SOUTH WARREN STREET SUITE 500 SYRACUSE,NY 13202	N/A	PUBLIC	SPONSORSHIP OF THE 2014 TAKE ME TO VEGAS EVENT	1,000
CYSTIC FIBROSIS FOUNDATION 333 FINNEGAN ROAD CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF THE 10TH ANNUAL RIDE TO BREATHE AND SPONSORSHIP OF THE 2015 GREAT STRIDES	2,000
DISABLED PERSONS ACTION ORGANIZATION 617 DAVIDSON ST BOX 222 WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE 2014 SUMMER CONCERT SERIES	10,000
DREAM FACTORY 311 HORAN ROAD SYRACUSE,NY 13209	N/A	PUBLIC	SPONSORSHIP OF THE KICKS FOR KIDS KICKBALL TOURNAMENT	500
Total  3a				728,283


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Name and address (home or business)				
a Paid during the year				
EDWARD I MOSES WALK RUN FOR LIFE 29 E MAIN STREET GOUVERNEUR,NY 13642	N/A	PUBLIC	SPONSORSHIP OF THE 36TH ANNUAL WALK/RUN FOR LIFE	10,000
EJ NOBLE GUILD OF CANTON- POTSDAM HOSPITAL 5 JAY STREET CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF THE 20TH ANNUAL GOLF TOURNAMENT	1,500
ELDERCARE FOUNDATION INC 1050 WEST GENESEE STREET SYRACUSE,NY 13203	N/A	PUBLIC	SPONSORSHIP OF THE 2014 GIFT OF AGE CABARET	2,800
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET ELIZABETHTOWN,NY 12932	N/A	PUBLIC	SPONSORSHIP OF THE 14TH ANNUAL GOLF TOURNAMENT	2,000
EMBRACING AGE 333 BUTTERNUT DRIVE DEWITT,NY 13214	N/A	PUBLIC	DONATION	5,000
ENABLE GOLF TOURNAMENT 1603 COURT STREET SYRACUSE,NY 13208	N/A	PUBLIC	SPONSORSHIP OF THE GOLF CLASSIC	500
FAXTON ST LUKE'S HEALTHCARE FOUNDATION 1676 SUNSET AVE UTICA,NY 13502	N/A	PUBLIC	SPONSORSHIP OF THE 2014 WINE TASTING & SILENT AUCTION FUNDRAISER	2,500
FINGER LAKES HEALTH FOUNDATION 196 NORTH STREET GENEVA,NY 14456	N/A	PUBLIC	DONATION	10,000
FIRST BRANCH AMBULANCE RESCUE PO BOX 74 CHELSEA,VT 05038	N/A	PUBLIC	DONATION TO POWER COT FUNDRAISER	500
FM COMMUNITY OUTREACH FOOD PANTRY 122 E SENECA STREET 5 MANLIUS,NY 13104	N/A	PUBLIC	DONATION	500
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE,NY 13209	N/A	PUBLIC	SPONSORSHIP OF THE 2014 FOOD BANK GOLF OPEN	2,500
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER ROAD ITHACA,NY 14850	N/A	PUBLIC	GRANT TO SUPPORT THEIR DELIVERY VAN PROJECT	500
FOUNDATION FOR UPSTATE MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE,NY 13210	N/A	PUBLIC	PURCHASE OF GALA TICKETS	1,300
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE,NY 13208	N/A	PUBLIC	SPONSORSHIP OF THE 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 OF THE 6TH ANNUAL BLUE JEANS BALL	1,000
Total  3a				728,283


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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FREDERIC REMINGTON ART MUSEUM 303 WASHINGTON ST OGDENSBURG,NY 13669	N/A	PUBLIC	2014-2015 CORPORATE SPONSORSHIP AND DONATION	5,300
FRIENDS OF OSWEGO COUNTY HOSPICE PO BOX 102 OSWEGO,NY 13126	N/A	PUBLIC	SPONSORSHIP OF THE 2014 REGATTA AND WALK/RUN FOR HOPE	1,000
FRIENDS OF THE ARC FOUNDATION PO BOX 97 UTICA,NY 13503	N/A	PUBLIC	SPONSORSHIP OF THE 60TH BIRTHDAY CELEBRATION BASH	500
GBW BREAST CANCER WALK FUND PO BOX 64 GOUVERNEUR,NY 13642	N/A	PUBLIC	SPONSORSHIP OF THE 13TH ANNUAL BREAST CANCER WALK AND THE GOLF TOURNAMENT	1,685
GOUVERNEUR BUSINESS WOMEN PO BOX 165 GOUVERNEUR,NY 13642	N/A	PUBLIC	DONATION	13
GOUVERNEUR NEIGHBORHOOD CENTER 15 ROCK ISLAND ROAD GOUVERNEUR,NY 13642	N/A	PUBLIC	DONATION	2,500
GOUVERNEUR VOLUNTEER RESCUE SQUAD 1024 US HIGHWAY 11 GOUVERNEUR,NY 13642	N/A	PUBLIC	EMERGENCY FUNDING	5,000
GRACE FOOD PANTRY 52 CHURCH STREET GOUVERNEUR,NY 13642	N/A	PUBLIC	DONATION	4,997
HEARTBEET LIFESHARING 218 TOWN FARM ROAD HARDWICK,VT 05843	N/A	PUBLIC	GRANT TO SUPPORT THERAPY/FITNESS ROOM IN THE NEW COMMUNITY HALL	1,000
HELPING HANDS OF POTSDAM PO BOX 92 HANNAWA FALLS,NY 13647	N/A	PUBLIC	SPONSORSHIP OF THE CINDY TALCOTT MEMORIAL GOLF TOURNAMENT	500
HILLSIDE CHILDREN'S FOUNDATION 215 WYOMING STREET SYRACUSE,NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE TASTE OF SUCCESS - CELEBRITY CHEF CHALLENGE	500
HINESBURG COMMUNITY RESOURCE CENTER PO BOX 444 HINESBURG,VT 05461	N/A	PUBLIC	GRANT TO SUPPORT FOOD PANTRY	500
HOPE FOR HEATHER PO BOX 2208 LIVERPOOL,NY 13089	N/A	PUBLIC	SPONSORSHIP OF THE 2014 TEAL RIBBON PROJECT	500
HOSPICE AND PALLIATIVE CARE INC 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD,NY 13413	N/A	PUBLIC	SPONSORSHIP OF THE 2014 - HOSPICE TELETHON	1,000
HOSPICE FOUNDATION OF CNY 990 SEVENTH NORTH ST LIVERPOOL,NY 13088	N/A	PUBLIC	SPONSORSHIP OF THE 2014 CAMP HEALING HEARTS	1,000
Total  3a				728,283


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Name and address (home or business)				
a Paid during the year				
HOSPICE OF JEFFERSON COUNTY 1398 GOTHAM STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE GOLD LEVEL FOR ALL HOSPICE EVENTS	5,000
HOSPICE OF ST LAWRENCE VALLEY INC 6805 US HIGHWAY 11 POTSDAM,NY 13676	N/A	PUBLIC	SPONSORSHIP OF THE SWIM A MILE FOR HOSPICE	2,500
HOUSING VISIONS UNLIMITED INC 1201 E FAYETTE STREET SUITE 26 SYRACUSE,NY 13210	N/A	PUBLIC	SUPPORT OF VAN KEUREN PROJECT	500
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY,NY 12804	N/A	PUBLIC	SPONSORSHIP OF THE 9TH ANNUAL COMMUNITY CHAMPIONS DINNER	1,000
JAY FOCUS GROUP PO BOX 323 NORTH TROY,VT 05859	N/A	PUBLIC	SPONSORSHIP OF THE MONTE CARLO NIGHTS & SUMMER FEST	500
JEFFERSON COMMUNITY COLLEGE FOUNDATION 1220 COFFEEN STREET WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE JCC FAMILY OUTREACH CONCERT	1,000
JENNI-LYN WATSON MEMORIAL FUND 431 EAST FAYETTE STREET SUITE 100 SYRACUSE,NY 13202	N/A	PUBLIC	SPONSORSHIP OF THE JENNI-LYN WATSON GOLF CLASSIC	1,000
JUVENILE DIABETES RESEARCH FOUNDATION 100 METROPOLITAN PARK DRIVE SUITE 400 LIVERPOOL,NY 13088	N/A	PUBLIC	DONATION	15,000
LEWIS COUNTY HOSPITAL FOUNDATION 7785 N STATE ST LOWVILLE,NY 13367	N/A	PUBLIC	SPONSORSHIP OF THE GOLF TOURANAMENT	5,500
LOYALTY SENIOR CARE LLC 2700 BELLEVUE AVENUE SYRACUSE,NY 13219	N/A	PUBLIC	SPONSORSHIP OF THE IT'S A BUSINESS AFFAIR	500
LYNDON RESCUE SOUTH PO BOX 401 LYNDONVILLE,VT 05851	N/A	PUBLIC	DONATION	500
MANLIUS VOLUNTEER FIRE COMPANY PO BOX 236 MANLIUS,NY 13104	N/A	PUBLIC	DONATION	500
MARCH OF DIMES 301 NORTH SALINA STREET 304 SYRACUSE,NY 13203	N/A	PUBLIC	SPONSORSHIP OF THE 2014 SIGNATURE CHEFS AUCTION & BIKERS FOR BABIES EVENT	2,000
MASSENA MEMORIAL HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA,NY 13662	N/A	PUBLIC	SPONSORSHIP OF THE 26TH ANNUAL GOLF TOURNAMENT	5,800
MORRISONVILLE FIRE DEPARTMENT PO BOX 244 MORRISONVILLE,NY 13408	N/A	PUBLIC	SMITHFIELD TORNADO RELIEF	4,126
Total  3a				728,283


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Name and address (home or business)				
a <i>Paid during the year</i>				
MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 237 6743 KINNE ST EAST SYRACUSE,NY 13057	N/A	PUBLIC	2014 SPONSORSHIP OF THE MISSION STEPS WALKS	1,000
MUSCULAR DYSTROPHY ASSOCIATION 6315 FLY ROAD SUITE 102 EAST SYRACUSE,NY 13057	N/A	PUBLIC	SPONSORSHIP OF THE 2015 MUSCLE WALKS	500
NAMI 162 S MAIN STREET WATERBURY,VT 05676	N/A	PUBLIC	SPONSORSHIP OF THE NAMI WALK	500
NATIONAL ASSOC OF THE 10TH MOUNTAIN DIV 11614A MULBERRY AVENUE FORT DRUM,NY 13603	N/A	PUBLIC	SPONSORSHIP OF THE STRONGEST WARRIOR COMPETITION	500
NATIONAL KIDNEY FOUNDATION OF CNY 731 JAMES ST SUITE 408 SYRACUSE,NY 13203	N/A	PUBLIC	SPONSORSHIP OF THE NORTHERN NEW YORK WALK	500
NATIONAL MULTIPLE SCLEROSIS SOC 1650 SOUTH AVE SUITE 100 ROCHESTER,NY 14620	N/A	PUBLIC	SPONSORSHIP OF THE 2014 MS WALKS	1,000
NATIONAL PKU ALLIANCE 14383 STATE HIGHWAY 37 MASSENA,NY 13662	N/A	PUBLIC	SPONSORSHIP OF THE 5K COLOR OUT PKU	500
NMC RUN FOR JIM FOUNDATION 80 UPPER WELDON STREET ST ALBANS,VT 05478	N/A	PUBLIC	SPONSORSHIP OF THE 2014 RUN/WALK FOR JIM	500
NORTH AREA MEALS ON WHEELS INC 413 CHURCH STREET NORTH SYRACUSE,NY 13212	N/A	PUBLIC	SPONSORSHIP OF THE 2014 SPRING GALA	500
NORTH COUNTRY CHILDREN'S MUSEUM 41 ELM STREET POTSDAM,NY 13676	N/A	PUBLIC	SPONSORSHIP OF THE 2014 SUMMER FESTIVAL	1,000
NORTH COUNTRY FAMILY HEALTH CENTER 238 ARSENAL ST WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	50,000
NORTH COUNTRY HOSPITAL & HEALTH CENTER 189 PROUTY DRIVE NEWPORT,VT 05855	N/A	PUBLIC	SPONSORSHIP OF THE 3RD ANNUAL MOONLIGHT BALL	1,000
NORTH COUNTRY LIFE FLIGHT INC PO BOX 994 SARANAC LAKE,NY 12983	N/A	PUBLIC	SUPPORT FOR ADVANCE CARE MEDICAL TRAINING	1,000
NORTH COUNTRY PRENATALPERINATAL COUNCIL 200 WASHINGTON STREET WATERTOWN,NY 13601	N/A	PUBLIC	GRANT TO SUPPORT ACTIVITY & LEARNING CENTER IN GOUVERNEUR	1,000
OVID FEDERATED CHURCH 7137 MAIN STREET OVID,NY 14521	N/A	PUBLIC	OVID STORE FUNDRAISER	2,035
Total  3a				728,283


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Name and address (home or business)				
a <i>Paid during the year</i>				
PAIGE'S BUTTERFLY RUN 2911 FARGO ROAD BALDWINSVILLE,NY 13027	N/A	PUBLIC	SUPPORT OF COMFORT KITS FUNDRAISER	2,500
PLATTSBURGH NORTH COUNTRY FOUNDATION PO BOX 310 PLATTSBURGH,NY 12901	N/A	PUBLIC	SPONSORSHIP OF THE GOLF CLASSIC	500
PREVENT CHILD ABUSE PO BOX 829 MONTPELIER,VT 05601	N/A	PUBLIC	SPONSORSHIP OF THE 2014 WALK/RUN FOR CHILDREN	1,000
RIVER HOSPITAL 4 FULLER STREET ALEXANDRIA BAY,NY 13607	N/A	PUBLIC	DONATION TOWARDS EQUIPMENT FUND	2,500
S&S VOLUNTEER AMBULANCE 75 N HELMER AVENUE DOLGEVILLE,NY 13329	N/A	PUBLIC	SPONSORSHIP OF THE COMMUNITY INVOLVEMENT DAY	400
SAMARITAN AUXILIARY 322 FLOWER AVE W WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE 12TH ANNUAL ONE NIGHT ONE DIAMOND GALA ANDSPONSORSHIP OF THE WHALE & THAT'S USING YOUR HEAD PROGRAMS	5,900
SAMARITAN FOUNDATION OF NNY 830 WASHINGTON ST WATERTOWN,NY 13601	N/A	PUBLIC	2013 FESTIVAL OF TREES GALA, SPONSORSHIP OF THE 17TH ANNUAL THOUSAND ISLANDS GOLF CLASSIC2014 AND SPONSORSHIP OF THE 2014 NORTH COUNTRY FESTIVAL OF TREES	79,873
SENECA CAYUGA ARC 1083 WATERLOO GENEVA ROAD WATERLOO,NY 13165	N/A	PUBLIC	DONATION TOWARDS CAPITAL CAMPAIGN PROJECT	1,000
SHAMROCK ANIMAL FUND INC 7815 KARAKUL LANE FAYETTEVILLE,NY 13066	N/A	PUBLIC	2014 & 2015 EMCEE FEE FOR CHARITY EVENTS	10,000
SILVER KNIGHTS FOUNDATION INC 7201 JONES ROAD SYRACUSE,NY 13209	N/A	PUBLIC	SPONSORSHIP OF THE 2014 PINK & TEAL JERSEY NIGHT	500
SOCIETY OF UNITED HELPERS 732 FORD STREET OGDENSBURG,NY 13669	N/A	PUBLIC	SPONSORSHIP OF THE 4TH ANNUAL COSTUMED PRESDICTION RUN/WALK	1,000
SOUTHERN CAYUGA INSTANT AID INC PO BOX 7 POPULAR RIDGE,NY 13139	N/A	PUBLIC	GRANT - REPLACEMENT OF AGING AMBULANCE	1,000
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD,VT 05156	N/A	PUBLIC	SPONSORSHIP OF THE HOSPITAL CHALLENGE GOLF TOURNAMENT	1,000
ST ELIZABETH MEDICAL CENTER FOUNDATION 2209 GENESEE ST UTICA,NY 13501	N/A	PUBLIC	SPONSORSHIP OF THE ANNUAL GOLF ANDSPONSORSHIP OF THE 26TH ANNUAL DINNER/DANCE BALL	4,000
ST JOSEPH'S FOUNDATION 950 LINDEN STREET OGDENSBURG,NY 13669	N/A	PUBLIC	SPONSORSHIP OF THE ANNUAL COMMUNITY DINNER	100
Total  3a				728,283

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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 6 COMMERCE LANE CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF THE FLAME CONCERT	1,000
THE CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE NEW HARTFORD,NY 13413	N/A	PUBLIC	SPONSORSHIP OF THE STARS & STRIPES RUN/WALK	1,500
THE LEUKEMIA AND LYMPHOMA SOCIETY 4043 MAPLE ROAD SUITE 105 AMHERST,NY 14226	N/A	PUBLIC	SPONSORSHIP OF THE LIGHT THE NIGHT WALK	1,000
TOOMEY RESIDENTIAL & COMMUNITY SERVICES 1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	N/A	PUBLIC	PROJECT GRANT TANDEM BICYCLE FOR THE LIVERPOOL INTERMEDIATE CARE FACILITY	500
UNITED CEREBRAL PALSY 4 COMMERCE LANE CANTON,NY 13617	N/A	PUBLIC	SPONSORSHIP OF THE 15TH ANNUAL POLAR BEAR GOLF CLASSIC	1,000
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 THE 20TH ANNUAL WHITE RIBBON CAMPAIGN	5,000
VERMONT ADAPTIVE SKI AND SPORTS PO BOX 139 KILLINGTON,VT 05751	N/A	PUBLIC	SPONSORSHIP OF THE 7TH ANNUAL WINTER FESTIVAL	500
VERMONT ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 60 KIMBALL STREET SOUTH BURLINGTON,VT 05403	N/A	PUBLIC	SPONSORSHIP OF THE SUMMER CAMP	1,000
VERMONT CARES 187 SAINT PAUL STREET BURLINGTON,VT 05402	N/A	PUBLIC	SPONSORSHIP OF THE CHAMP RIDE	1,000
VERMONT FOODBANK 33 PARKER ROAD BARRE,VT 05641	N/A	PUBLIC	GRANT FOODBANK DISTRIBUTION PROGRAM	2,500
VICTIM'S ASSISTANCE CENTER 120 ARCADE ST WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE TASTE OF THE TOWN	1,000
VOLUNTEER TRANSPORTATION CENTER 203 N HAMILTON ST WATERTOWN,NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE 15TH ANNUAL NORTH COUNTRY CHILI COOK-OFF	1,000
WALTER HAGEN MEMORIAL GOLF TOURNAMENT 20 NOBLEMAN COURT FAIRPORT,NY 14450	N/A	PUBLIC	SPONSORSHIP OF THE GOLF TOURNAMENT	500
Total  3a				728,283

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WATERTOWN URBAN MISSION 247 FACTORY STREET WATERTOWN,NY 13601	N/A	PUBLIC	DONATION	5,000
WESTCOTT AREA CULTURAL COALITION 826 EUCLID AVE SYRACUSE,NY 13210	N/A	PUBLIC	SPONSORSHIP OF THE WESTCOTT STREET CULTURAL FAIR	250
WESTCOTT COMMUNITY CENTER 826 EUCLID AVENUE SYRACUSE,NY 13210	N/A	PUBLIC	SPONSORSHIP OF THE 2014 ART TRAIL & CULTURAL DIVERSITY	250
WILDERNESS HEALTHCARE FOUDATION 1014 OSWEGATCHIE TRAIL STAR LAKE,NY 13690	N/A	PUBLIC	SPONSORSHIP OF THE DR DICK NARKEWICZ & GARY GOOLDEN MEMORIAL GOLF TOURNAMENT	1,000
Total  3a				728,283

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

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>	KINNEY DRUGS INC 29 EAST MAIN STREET GOUVERNEUR, NY 13642 	\$ <u>150,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	HALLMARK GLOBAL SERVICES INC 2501 MCGEE TRAFFICWAY KANSAS CITY, MO 64108 	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	MCKESSON CORP 1 POST STREET SAN FRANCISCO, CA 94104 	\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	PEPSI BEVERAGES COMPANY 6010 TARBELL ROAD SYRACUSE, NY 13206 	\$ <u>16,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	COCA COLA PO BOX 1734 ATLANTA, GA 30301 	\$ <u>11,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	HAYLOR FREYER COON INC 231 SALINA MEADOWS PARKWAY SYRACUSE, NY 13221 	\$ <u>11,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<div>PINCKNEY HUGO GROUP</div> <div>760 WEST GENESEE STREET</div> <div>SYRACUSE, NY 13204</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>8</u>	<div>LIBERTY MUTUAL GROUP INC</div> <div>175 BERKELEY STREET</div> <div>BOSTON, MA 02116</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>9</u>	<div>CRAIG JULIANNE PAINTER</div> <div>PO BOX 541</div> <div>CARMEL VALLEY, CA 93924</div>	\$ <div>7,500</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>DAVID WARNER</div> <div>8805 NEW COUNTRY DRIVE</div> <div>CICERO, NY 13039</div>	\$ <div>7,500</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>11</u>	<div>SAMARITAN MEDICAL CENTER</div> <div>830 WASHINGTON STREET</div> <div>WATERTOWN, NY 13601</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>12</u>	<div>BAILEY HASKELL ASSOCIATES</div> <div>169 MAIN STREET</div> <div>ONEIDA, NY 13421</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
<div>13</div>	<div>NEIL TIERSON</div> <div>102 CARLTON DRIVE</div> <div>NORTH SYRACUSE, NY 13212</div>	<div>\$ 5,200</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>
<div>14</div>	<div>BANK OF AMERICA</div> <div>125 DUPONT DRIVE</div> <div>PROVIDENCE, RI 02907</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>
<div>15</div>	<div>BRIAN SCOTT</div> <div>34847 LEWIS LOOP</div> <div>CARTHAGE, NY 13619</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>
<div>16</div>	<div>DAVID ANDREA ADSIT</div> <div>26291 LIMESTONE ROAD</div> <div>REDWOOD, NY 13679</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>
<div>17</div>	<div>DEBBI BARBER</div> <div>19 GOLF COURSE ROAD</div> <div>MALONE, NY 12953</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>
<div>18</div>	<div>EMERSON HEALTHCARE</div> <div>407 E LANCASTER AVENUE</div> <div>WAYNE, PA 19087</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>

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<div>19</div>	<div>FRED HAGGERTY</div> <div>505 ELMORE LANE</div> <div>WATERTOWN, NY 13601</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>
<div>20</div>	<div>TIMOTHY DARLENE O'CONNOR</div> <div>33 WOODS DRIVE</div> <div>CANTON, NY 13617</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>

TY 2014 Accounting Fees Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,500	750	0	750

**TY 2014 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	2,305,986	2,305,986

TY 2014 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	21,722	46,136	46,136
PREPAID TAXES	293		

TY 2014 Other Decreases Schedule

Name: KINNEY DRUGS FOUNDATION INC

EIN: 03-0406308

Description	Amount
UNREALIZED LOSS	31,212

TY 2014 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	15,717	15,717	0	0
FUNDRAISING EVENT EXPENSES	138,701	0	0	138,701
MISCELLANEOUS	6,741	2,022	0	4,719

TY 2014 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	169,374		169,374

TY 2014 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	0	1,914

TY 2014 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	3,207	0	0	0