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Form 990-PF

## Return of Private Foundation

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

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2015

Open to Public  
Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

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 GOVERNEUR, NY 13642		
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> <input checked="" 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"/> <input checked="" type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <input checked="" type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 3,810,755</b>	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.)	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <input checked="" type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> <input checked="" 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))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	748,009			
	2 Check <input type="checkbox"/> <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	87,272	87,272	87,272	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-21,128			
	b Gross sales price for all assets on line 6a 5,812,524				
	7 Capital gain net income (from Part IV, line 2)		493,200		
	8 Net short-term capital gain			0	
	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)	167,206	0	167,206	
	12 Total Add lines 1 through 11	981,359	580,472	254,478	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	56,922	14,231	0	42,691
	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)	3,972	0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	1,103	331	0	772
	22 Printing and publications				
	23 Other expenses (attach schedule)	234,210	23,153	167,206	39,789
	24 Total operating and administrative expenses.	296,207	37,715	167,206	83,252
	Add lines 13 through 23				
	25 Contributions, gifts, grants paid	726,022			634,948
	26 Total expenses and disbursements. Add lines 24 and 25	1,022,229	37,715	167,206	718,200
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-40,870			
	b Net investment income (if negative, enter -0-)		542,757		
	c Adjusted net income(if negative, enter -0-)			87,272	

	<b>Part II Balance Sheets</b>	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
1	Cash—non-interest-bearing		54,032	36,610	36,610
2	Savings and temporary cash investments				
3	Accounts receivable ►				
	Less allowance for doubtful accounts ►				
4	Pledges receivable ► 84,469				
	Less allowance for doubtful accounts ►		110,553	84,469	84,469
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►		1,357,494	0	0
8	Inventories for sale or use			92	92
9	Prepaid expenses and deferred charges				
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)		2,305,986	3,575,037	3,575,037
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 ► )	46,136	114,547	114,547	114,547
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	3,874,201	3,810,755	3,810,755	3,810,755
17	Accounts payable and accrued expenses	1,509	950		
18	Grants payable	207,240	298,314		
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 ► )	1,914	0	0	
23	<b>Total liabilities</b> (add lines 17 through 22)	210,663	299,264		
	<b>Foundations that follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
24	Unrestricted	3,663,538	3,511,491		
25	Temporarily restricted				
26	Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, bldg , and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds				
30	<b>Total net assets or fund balances</b> (see instructions)	3,663,538	3,511,491		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	3,874,201	3,810,755		

**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	3,663,538
2	Enter amount from Part I, line 27a	2	-40,870
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3	4	3,622,668
5	Decreases not included in line 2 (itemize) ►	5	111,177
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3,511,491

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)		How acquired (b) P—Purchase D—Donation	Date acquired (c) (mo, day, yr)	Date sold (d) (mo, day, yr)
<b>1a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>	<b>Depreciation allowed (f) (or allowable)</b>	<b>Cost or other basis (g) plus expense of sale</b>	<b>Gain or (loss) (h) (e) plus (f) minus (g)</b>	
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
<b>(i) FMV as of 12/31/69</b>	<b>Adjusted basis (j) as of 12/31/69</b>	<b>Excess of col (i) (k) over col (j), if any</b>		
<b>a</b> See Additional Data Table				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b> Capital gain net income or (net capital loss)	<b>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</b>		<b>2</b>	493,200
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<b>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</b>		<b>3</b>	-44,856

**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

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	914,513	3,522,829	0 259596
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
<b>2</b> Total of line 1, column (d).			<b>2</b> 1 327365
<b>3</b> 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			<b>3</b> 0 265473
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.			<b>4</b> 3,870,687
<b>5</b> Multiply line 4 by line 3.			<b>5</b> 1,027,563
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).			<b>6</b> 5,428
<b>7</b> Add lines 5 and 6.			<b>7</b> 1,032,991
<b>8</b> Enter qualifying distributions from Part XII, line 4.			<b>8</b> 718,200

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 _____ <b>(attach copy of letter if necessary—see instructions)</b>		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	10,855
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	10,855
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	10,855
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015 . . . . .	6a	6,800
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	6,800
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached . . . . .	8	21
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	4,076
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<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>		
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____ 0		
1e	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>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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> . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY		
8b	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>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ► <u>WWW KINNEYDRUGSFUNDATION COM</u>	13	Yes	
14	The books are in care of ► <u>STEPHEN P MCCOY SECTREASURER</u> Telephone no ► <u>(315) 425-7960</u> Located at ► <u>29 EAST MAIN STREET GOUVERNEUR NY</u> ZIP +4 ► <u>13642</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
16	At any time during calendar year 2015, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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
<b>1a</b>	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>b</b>	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b	
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . .	1c	No
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . ► <input type="checkbox"/> Yes ► <input checked="" type="checkbox"/> No If "Yes," list the years ► <u>20____, 20____, 20____, 20____</u>	2a	
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	2b	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► <u>20____, 20____, 20____, 20____</u>	2c	
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . ► <input type="checkbox"/> Yes ► <input checked="" type="checkbox"/> No	3a	
<b>b</b>	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015) . . . . .	3b	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a	No
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? . . . . .	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)? . . . . . 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? . . . . .  
*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? . . . . .

**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)**

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

**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		

**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	3,270,693	
b	Average of monthly cash balances. . . . .	1b	319,565	
c	Fair market value of all other assets (see instructions). . . . .	1c	339,373	
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	3,929,631	
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	3,929,631	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	58,944	
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,870,687	
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	193,534	

**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 2015 from Part VI, line 5. . . . .	2a	
b	Income tax for 2015 (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	<b>Distributable amount</b> 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	718,200
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	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	718,200
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	718,200

**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 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .				
<b>f Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				
<b>b</b> Excess from 2012. . . . .				
<b>c</b> Excess from 2013. . . . .				
<b>d</b> Excess from 2014. . . . .				
<b>e</b> Excess from 2015. . . . .				

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . .					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input checked="" type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. . . . .					
<b>c</b> 85% of line 2a. . . . .	<b>(a) 2015</b>	<b>(b) 2014</b>	<b>(c) 2013</b>	<b>(d) 2012</b>	<b>(e) Total</b>
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed. . . . .	87,272	176,141	163,502	156,230	583,145
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities. . . . .	74,181	149,720	138,977	132,796	495,673
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c. . . . .	718,200	914,513	885,526	798,728	3,316,967
<b>3</b> Complete 3a, b, or c for the alternative test relied upon	0	0	0	193,808	193,808
<b>a</b> "Assets" alternative test—enter					0
<b>(1)</b> Value of all assets. . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . .	129,023	117,427	109,001	104,153	459,604
<b>c</b> "Support" alternative test—enter					0
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III). . . .					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> 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:**

**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 13642-1499  
(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

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	634,948
<b>b Approved for future payment</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3b	220,292

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	87,272	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	-21,128	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					167,200
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		66,144	167,200
13 Total Add line 12, columns (b), (d), and (e).			13		233,350
(See worksheet in line 13 instructions to verify calculations.)					

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



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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) (mo., day, yr.)	(d) Date sold (mo., day, yr.)
ABBVIE INC	P	2015-04-27	2015-06-04
ACE LIMITED	P	2015-04-30	2015-07-01
AETNA INC	P	2015-04-30	2015-06-15
AETNA INC	P	2015-04-30	2015-06-04
ALASKA AIR GROUP	P	2015-06-04	2015-10-02
ALLERGAN PLC	P	2015-06-15	2015-10-02
ALLIANCE DATA SYSTEMS CORP	P	2015-04-30	2015-10-28
ALLIED WORLD ASSURANCE CO	P	2015-07-01	2015-10-02
ALLIED WORLD ASSURANCE CO	P	2015-07-01	2015-11-10
ALLSTATE CORP	P	2015-04-30	2015-12-07

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
133		131	2
6,260		6,484	-224
118		108	10
210		225	-15
1,247		1,173	74
6,132		7,227	-1,095
2,740		3,246	-506
4,444		5,398	-954
5,282		6,249	-967
2,885		3,468	-583

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

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
			2
			-224
			10
			-15
			74
			-1,095
			-506
			-954
			-967
			-583

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
AMGEN	P	2015-04-30	2015-10-02
ASBURY AUTOMOTIVE GROUP	P	2015-04-30	2015-12-14
ATMOS ENERGY	P	2015-04-30	2015-06-04
ATMOS ENERGY	P	2015-04-30	2015-10-02
AVAGO TECHNOLOGIES	P	2015-04-30	2015-12-14
AVAGO TECHNOLOGIES	P	2015-04-30	2015-08-06
AVERY DENNISON	P	2015-06-04	2015-08-31
AVERY DENNISON	P	2015-06-04	2015-10-02
AVISTA CORP	P	2015-04-30	2015-06-04
BALL CORPORATION	P	2015-04-30	2015-06-04

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
317		327	-10
255		258	-3
346		331	15
248		221	27
2,888		3,299	-411
1,238		1,578	-340
334		372	-38
257		248	9
1,120		1,178	-58
1,494		1,564	-70

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-10
			-3
			15
			27
			-411
			-340
			-38
			9
			-58
			-70

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
BP PLC SPONSORED ADR	P	2015-04-30	2015-08-31
BROADRIDGE FINANCIAL SOLUTIONS INC	P	2015-10-02	2015-12-11
CALIFORNIA RESOURCES CORP	P	2014-01-01	2015-02-26
CANADIAN NATIONAL RAILWAY COMPANY	P	2015-04-30	2015-06-04
CATERPILLAR FINL	P	2014-01-01	2015-11-06
CDW CORP	P	2015-04-30	2015-10-02
CK HUTCHINSON HOLDING	P	2015-06-19	2015-07-10
DAVITA HEALTHCARE PARTNERS	P	2015-04-30	2015-06-04
DBS GROUP HOLDINGS	P	2015-04-30	2015-09-18
DELTA AIR LINES INC	P	2015-04-30	2015-06-04

**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 (g) plus expense of sale	(h) (e) plus (f) minus (g)
3,906		5,229	-1,323
3,070		3,124	-54
936		1,023	-87
2,416		2,691	-275
50,000		49,954	46
828		813	15
4		7	-3
168		168	0
9,976		12,434	-2,458
1,640		1,780	-140

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,323
			-54
			-87
			-275
			46
			15
			-3
			0
			-2,458
			-140

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) (mo., day, yr.)	(d) Date sold (mo., day, yr.)
DEVON ENERGY CORP	P	2015-04-30	2015-06-04
DOVER CORP COMMON	P	2015-04-30	2015-06-04
DR PEPPER SNAPPLE GROUP	P	2015-04-30	2015-10-02
DR PEPPER SNAPPLE GROUP	P	2015-04-30	2015-12-14
DREYFUS HIGH YIELD	P	2015-06-08	2015-09-10
DST SYSTEMS	P	2015-04-30	2015-06-04
E I DUPONT	P	2014-01-01	2015-09-11
EATON CORP	P	2015-04-30	2015-08-06
EOG RESOURCES	P	2015-04-30	2015-06-04
FEDERATED TOTAL RETURN COND	P	2014-01-01	2015-02-24

**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 (g) plus expense of sale	(h) (e) plus (f) minus (g)
196		200	-4
1,816		1,801	15
385		388	-3
643		544	99
60,858		63,285	-2,427
237		233	4
39,573		37,197	2,376
9,390		10,402	-1,012
1,595		1,742	-147
134,340		134,671	-331

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

(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
			-4
			15
			-3
			99
			-2,427
			4
			2,376
			-1,012
			-147
			-331

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
FEDERATED ULTRA SHORT BOND	P	2014-01-01	2015-12-15
GALLAGHER ARTHUR	P	2014-01-01	2015-02-26
GENERAL MILLS	P	2015-04-30	2015-06-04
GOLDMAN SACHS	P	2015-06-04	2015-06-29
HANESBRAND	P	2015-04-30	2015-10-02
HARBOR INTERNATIONAL	P	2014-01-01	2015-09-10
HARTFORD FINANCIAL	P	2015-10-02	2015-12-14
INTERNATIONAL PAPER	P	2015-04-30	2015-10-02
ISHARES CORE INTL	P	2014-01-01	2015-04-24
ISHARES MSCI EAFE ETF	P	2014-01-01	2015-04-24

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
29,117		29,471	-354
14,473		10,735	3,738
112		112	0
1,730		1,663	67
2,611		3,043	-432
83,910		80,666	3,244
3,237		3,175	62
1,946		2,646	-700
97,382		98,781	-1,399
108,211		111,146	-2,935

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-354
			3,738
			0
			67
			-432
			3,244
			62
			-700
			-1,399
			-2,935

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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	2014-01-01	2015-09-11
ISHARES CORE MID CAP GROWTH ETF	P	2014-01-01	2015-02-26
ISHARES CORE MID CAP GROWTH ETF	P	2014-01-01	2015-09-11
ISHARES CORE MID CAP VALUE ETF	P	2014-01-01	2015-02-26
ISHARES CORE MID CAP VALUE ETF	P	2014-01-01	2015-08-17
ISHARES CORE MID CAP VALUE ETF	P	2014-01-01	2015-09-11
ISHARES S&P 500 GROWTH ETF	P	2014-01-01	2015-09-11
JAZZ PHARMACEUTICALS	P	2015-04-30	2015-10-05
KIMBERLY CLARK GROUP	P	2015-04-30	2015-12-14
KROGER COMPANY COMMON	P	2015-04-30	2015-12-14

**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 (g) plus expense of sale	(h) (e) plus (f) minus (g)
147,408		140,360	7,048
20,290		18,294	1,996
178,584		171,998	6,586
7,293		7,004	289
77,825		77,844	-19
26,189		27,650	-1,461
68,096		61,306	6,790
4,330		6,337	-2,007
603		559	44
411		389	22

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			7,048
			1,996
			6,586
			289
			-19
			-1,461
			6,790
			-2,007
			44
			22

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
LAM RESEARCH CORP COMMON	P	2015-06-04	2015-12-14
LAZARD EMRG MARKETS EQUITY	P	2015-02-24	2015-04-22
LINCOLN NATIONAL CORP	P	2015-04-30	2015-06-04
LOWES	P	2015-04-30	2015-12-14
MAGNA INTERNATIONAL	P	2015-04-30	2015-06-04
MAGNA INTERNATIONAL	P	2015-04-30	2015-12-14
MALLINCKRODT	P	2015-04-30	2015-08-31
MICROSOFT CORP	P	2015-04-30	2015-06-04
MICROSOFT CORP	P	2015-04-30	2015-12-14
NATIONAL GRID GROUP	P	2015-04-30	2015-07-01

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
640		662	-22
91,417		98,095	-6,678
1,599		1,597	2
384		364	20
174		157	17
2,658		3,250	-592
8,188		12,432	-4,244
141		144	-3
719		622	97
2,869		2,888	-19

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-22
			-6,678
			2
			20
			17
			-592
			-4,244
			-3
			97
			-19

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
NORFOLK SOUTHERN	P	2015-04-30	2015-06-29
NXP SEMICONDUCTORS	P	2015-04-30	2015-08-06
NXP SEMICONDUCTORS	P	2015-04-30	2015-08-31
ON SEMICONDUCTORS CORP	P	2015-04-30	2015-12-14
ORACLE	P	2015-04-30	2015-10-02
PROCTER & GAMBLE CO	P	2014-01-01	2015-09-11
RAYMOND JAMES FINANCIAL	P	2015-06-29	2015-12-14
RIO TINTO PLC	P	2015-04-30	2015-08-06
RIO TINTO PLC	P	2015-04-30	2015-12-07
RYANAIR HOLDINGS	P	2015-09-18	2015-11-02

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
1,653		1,851	-198
4,355		4,823	-468
1,925		2,313	-388
3,507		3,574	-67
2,721		3,177	-456
20,909		18,454	2,455
469		490	-21
1,699		2,065	-366
4,725		5,894	-1,169
76		80	-4

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-198
			-468
			-388
			-67
			-456
			2,455
			-21
			-366
			-1,169
			-4

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
RYDERS	P	2015-06-29	2015-11-19
SCHLUMBERGER	P	2015-04-30	2015-12-14
SENSATA TECHNOLOGIES	P	2015-04-30	2015-06-04
STANLEY BLACK & DECKER	P	2015-06-04	2015-09-18
TE CONNECTIVITY	P	2015-04-30	2015-10-02
TELSTRA CORP	P	2015-04-30	2015-06-04
TELSTRA CORP	P	2015-04-30	2015-07-01
THE CHEMOURS COMPANY	P	2015-07-01	2015-09-03
UBS GROUP AG	P	2015-08-06	2015-09-11
VALERO ENERGY	P	2015-04-30	2015-11-10

**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 (h) plus expense of sale	(h) (e) plus (f) minus (g)
2,410		3,771	-1,361
180		184	-4
9,015		10,856	-1,841
290		320	-30
1,449		1,441	8
2,127		2,262	-135
4,779		5,466	-687
1,453		1,889	-436
9,237		10,307	-1,070
641		726	-85

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-1,361
			-4
			-1,841
			-30
			8
			-135
			-687
			-436
			-1,070
			-85

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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.)
VALERO ENERGY	P	2015-04-30	2015-10-02
VANGUARD EM MK STK	P	2015-04-23	2015-12-11
VANGUARD EM MK STK	P	2015-04-23	2015-10-22
VANGUARD INFLATION PROTECTED	P	2015-04-23	2015-12-15
VANGUARD INFLATION PROTECTED	P	2015-04-23	2015-08-11
VANGUARD SMALL CAP INDEX	P	2014-01-01	2015-02-26
VANGUARD TOTAL BOND MKT	P	2014-01-01	2015-07-30
VOLKSWAGEN	P	2015-04-30	2015-06-01
WHIRLPOOL	P	2015-04-30	2015-02-24
WILMINGTON BROAD MARKET	P	2014-01-01	2015-06-01

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

(e) Gross sales price	Depreciation allowed (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
352		330	22
19,254		23,853	-4,599
6,000		8,232	-2,232
7,613		7,927	-314
3,343		3,471	-128
72,573		71,225	1,348
52,168		53,360	-1,192
10,577		12,092	-1,515
1,292		1,388	-96
105,103		106,613	-1,510

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			22
			-4,599
			-2,232
			-314
			-128
			1,348
			-1,192
			-1,515
			-96
			-1,510

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

List and describe the kind(s) of property sold (e.g., real estate, (a) 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)
WISDOMTREE	P	2014-01-01	2015-07-27
MMKKTT CCLL SSSLCCCTT	P	2014-01-01	2015-12-31
WILMINGTON PRIME MONEY MKT CL SLCT	P	2014-01-01	2015-12-31
28,303 SHS - KINNEY DRUG STOCK - INSTALLMENT SALE	D	2007-01-01	2008-04-17

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

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
49,871		52,771	-2,900
190,914		190,914	0
2,961,258		2,961,258	0
916,114		401,786	514,328

**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			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) FMV as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
			-2,900
			0
			0
			514,328

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

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
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 GOVERNEUR, 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 GOVERNEUR, 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	56,922	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)				
<b>a Paid during the year</b>				
ACCESSNY 1603 COURT STREET SYRACUSE, NY 13208	N/A	PUBLIC	DONATION	1,000
ACS RIVER ROMPERS 34 BOLTON AVE ALEXANDRIA BAY, NY 13601	N/A	PUBLIC	DONATION	500
ADIRONDACK MEDICAL CENTER PO BOX 120 SARANAC LAKE, NY 12983	N/A	PUBLIC	DONATION	3,250
AIDS COMMUNITY RESOURCES 627 WEST GENESEE ST SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF 23RD ANNUAL AIDS WALK/RUN	3,000
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVE ALBANY, NY 12208	N/A	PUBLIC	DONATION	40,000
ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE, NY 12953	N/A	PUBLIC	DONATION	12,500
ALL THINGS ABOUT OZ HISTORICAL FOUNDATION 219 GENESEE ST CHITTENANGO, NY 13037	N/A	PUBLIC	DONATION	250
ALS ASSOCIATION OF UPSTATE NY 890 SEVENTH NORTH STREET LIVERPOOL, NY 13088	N/A	PUBLIC	DONATION	500
ALZHEIMER'S ASSOCIATION 441 KIRKPATRICK STREET SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 2015 WALKS TO END ALZHEIMERS	3,000
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	DONATION	1,500
AMERICAN HEART ASSOCIATION GO RED FOR WOMEN PO BOX 3049 SYRACUSE, NY 13220	N/A	PUBLIC	SPONSORSHIP OF THE 2015 HEART WALKS & GO RED FOR WOMEN EVENTS	1,000
AMERICAN HEART ASSOCIATION PO BOX 3049 SYRAUSE, NY 13220	N/A	PUBLIC	DONATION	20,000
AMERICAN RED CROSS 203 N HAMILTON ST WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	11,500
ARC OF ONONDAGA FOUNDATION 600 S WILBUR ST SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE 21ST ANNUAL ACHIEVEMENT AWARDS DINNER	1,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>634,948</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ARTHRITIS FOUNDATION 3300 MONROE AVENUE SUITE 319 ROCHESTER, NY 14618	N/A	PUBLIC	SPONSORSHIP OF THE 2015 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 2015 GOLF FOR A CURE FOR ATAXIA	460
AUBURN MEMORIAL HOSPITAL 17 LANSING STREET AUBURN, NY 13021	N/A	PUBLIC	DONATION	10,000
BASSETT HEALTHCARE ONE ATWELL ROAD COOPERSTOWN, NY 13326	N/A	PUBLIC	DONATION	10,000
BEHAVIORAL HEALTH SCIENCES NORTH US OVAL SUITE 218 PLATTSBURGH, NY 12903	N/A	PUBLIC	DONATION	500
BRAIN INJURY ASSOCIATION OF NYS 8583 LYONS LANDING ROAD CICERO, NY 13088	N/A	PUBLIC	SPONSORSHIP OF THE GOLF CLASSIC	2,000
BUTTERNUT COMMUNITY POLICING CENTER PO BOX 11369 SYRACUSE, NY 13203	N/A	PUBLIC	DONATION	500
CAMP TA-KUM-TA 88 PACKARD ROAD JERICHO, VT 05465	N/A	PUBLIC	SPONSORSHIP	750
CANCER PATIENTS SUPPORT PROGRAM PO BOX 1804 WILLISTON, VT 05495	N/A	PUBLIC	DONATION	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 3793 MILTON AVE SUITE 188 CAMILLUS, NY 13031	N/A	PUBLIC	DONATION	864
CARTHAGE AREA HOSPITAL 21957 COLE ROAD CARTHAGE, NY 13619	N/A	PUBLIC	DONATION	5,000
CATSKILL AREA HOSPICE AND PALLIATIVE CARE 1 BIRCHWOOD DRIVE ONEONTA, NY 13820	N/A	PUBLIC	DONATION	500
CHAMPLAIN COMMUNIY SERVICES INC 512 TROY STREET COLCHESTER, NY 05446	N/A	PUBLIC	SPONSORSHIP OF THE 9TH ANNUAL BENEFIT AUCTION	500
<b>Total</b>				634,948

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CHARITY FOR CHILDREN INC PO BOX 204 SYRACUSE, NY 13026	N/A	PUBLIC	SPONSORSHIP OF THE 2015 CHARITY WALK/RUN FOR KIDS	250
CHILDREN'S HOME OF JEFFERSON COUNTY 253 STATE STREET WATERTOWN, NY 13601	N/A	PUBLIC	SPONSORSHIP	1,500
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY, UT 84101	N/A	PUBLIC	DONATION	167,206
CHITTENANGO FIRE DEPARTMENT 317 GENESEE ST CHITTENANGO, NY 13037	N/A	PUBLIC	DONATION	500
CLARA MARTIN CENTER PO BOX 6 RANDOLPH, VT 05060	N/A	PUBLIC	DONATION	1,200
CLARKSON UNIVERSITY 8 CLARKSON AVE POTSDAM, NY 13699	N/A	PUBLIC	DONATION	5,000
CLAXTON HEPBURN MEDICAL CENTER FOUNDATION 503 MANSION AVE OGDENSBURG, NY 13669	N/A	PUBLIC	DONATION	12,000
CLAYTON ROTARY CLUB 423 RIVERSIDE DRIVE CLAYTON, NY 13624	N/A	PUBLIC	DONATION	500
CNY COMMUNITY FOUNDATION 7406 DONEGAL WAY LIVERPOOL, NY 13088	N/A	PUBLIC	DONATION	1,000
CORTLAND MEMORIAL FOUNDATION 134 HOMER AVENUE CORTLAND, NY 13045	N/A	PUBLIC	SPONSORSHIP OF THE 12TH ANNUAL GOLF CLASSIC	2,500
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	N/A	PUBLIC	DONATION	7,000
CYSTIC FIBROSIS CNY FOUNDATION 2507 JAMES ST SYRACUSE, NY 13206	N/A	PUBLIC	DONATION	1,000
DISABLED PERSONS ACTION ORGANIZATION 617 DAVIDSON ST BOX 222 WATERTOWN, NY 13601	N/A	PUBLIC	SPONSORSHIP	11,500
DREAM FACTORY 311 HORAN ROAD SYRACUSE, NY 13209	N/A	PUBLIC	DONATION	200
EDWARD I MOSES WALK RUN FOR LIFE 29 E MAIN STREET GOVERNEUR, NY 13642	N/A	PUBLIC	SPONSORSHIP OF THE 37TH ANNUAL WALK/RUN FOR LIFE	12,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>634,948</b>

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EJ NOBLE HOSPITAL 5 JAY STREET CANTON, NY 13617	N/A	PUBLIC	SPONSORSHIPSHIP OF 21ST GOLF TOURNAMENT	1,500
ELDERCARE FOUNDATION INC 1050 WEST GENESEE STREET SYRACUSE, NY 13203	N/A	PUBLIC	SPONSORSHIP OF THE 2015 GIFT OF AGE CABARET	2,500
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET ELIZABETHTOWN, NY 12932	N/A	PUBLIC	DONATION	1,000
ELMCREST CHILDREN'S CENTER 960 SALT SPRINGS RD SYRACUSE, NY 13224	N/A	PUBLIC	DONATION	1,000
FAMILIES R US 24 4TH ST 6 MALONE, NY 12953	N/A	PUBLIC	DONATION	100
FAXTON ST LUKE'S HEALTHCARE FOUNDATION 1676 SUNSET AVE UTICA, NY 12208	N/A	PUBLIC	SPONSORSHIP 2015 WINE TASTING	2,500
FESTIVAL FOODS TURKEY TROT 1702 LAWRENCE DRIVE DE PERE, WI 54115	N/A	PUBLIC	DONATION	3,000
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	500
FOOD BANK OF CNY 7006 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	N/A	PUBLIC	DONATION	5,000
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER ROAD ITHACA, NY 14850	N/A	PUBLIC	DONATION	500
FRANCIS HOUSE 108 MICHAELS AVE SYRACUSE, NY 13208	N/A	PUBLIC	DONATION	3,000
FRANKLIN COUNTY HOME HEALTH AGENCY INC 3 HOME HEALTH CIRCLE ST ALBANS, VT 05478	N/A	PUBLIC	DONATION	1,000
FREDERIC REMINGTON ART MUSEUM 303 WASHINGTON ST OGDENSBURG, NY 13669	N/A	PUBLIC	CORPORATE SPONSORSHIP	300
FRIENDS OF OSWEGO COUNTY HOSPICE PO BOX 102 OSWEGO, NY 13216	N/A	PUBLIC	SPONSORSHIP OF WALK/RUN FOR HOPE	1,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>634,948</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FRIENDS OF THE ARC FOUNDATION PO BOX 97 UTICA, NY 13026	N/A	PUBLIC	SPONSORSHIP OF 61ST BIRTHDAY BASH CELEBRATION	500
GOUVERNEUR BREAST CANCER FUND PO BOX 64 GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	1,713
GOUVERNEUR BUSINESS BREAST CANCER WALK PO BOX 64 GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	200
GOUVERNEUR COMMUNITY CENTER 33 CLINTON STREET GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	50,000
GOUVERNEUR NEIGHBORHOOD CENTER 15 ROCK ISLAND ROAD GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	2,500
GRACE FOOD PANTRY 52 CHURCH STREET GOUVERNEUR, NY 13642	N/A	PUBLIC	DONATION	9,868
HELPING HANDS OF POTSDAM PO BOX 92 HANNAWA FALLS, NY 13647	N/A	PUBLIC	DONATION	1,000
HILLSIDE CHILDREN'S FOUNDATION 215 WYOMING STREET SYRACUSE, NY 13204	N/A	PUBLIC	SPONSORSHIP OF THE TASTE OF SUCCESS - CELEBRITY CHEF CHALLENGE	500
HOSPICE AND PALLIATIVE CARE 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD, NY 13413	N/A	PUBLIC	SPONSORSHIP OF THE 2015 HOSPICE TELETHON	1,000
HOSPICE AND PALLIATIVE CARE SERVICES EAST KING ROAD ITHACA, NY 14850	N/A	PUBLIC	DONATION	1,000
HOSPICE FOUNDATION OF CNY 990 SEVENTH NORTH ST LIVERPOOL, NY 13088	N/A	PUBLIC	SPONSORSHIP OF 2015 CAMP HEALING HEARTS	1,000
HOSPICE OF JEFFERSON COUNTY 1398 GOTHAM STREET WATERTOWN, NY 13220	N/A	PUBLIC	DONATION	5,000
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY, NY 12804	N/A	PUBLIC	DONATION	1,300
INDIAN RIVER AMBULANCE SERVICES PO BOX 245 PHILADELPHIA, NY 13673	N/A	PUBLIC	DONATION	1,550
JEFFERSON COMMUNITY COLLEGE FOUNDATION 1220 COFFEEN STREET WATERTOWN, NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE JCC FAMILY OUTREACH CONCERT	1,000
<b>Total . . . . .</b>			<b>► 3a</b>	<b>634,948</b>

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
JEFFERSON REHABILITATION CENTER 380 GAFFNEY DR POB 41 WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	500
JOSEPH MICHAEL CHUBBUCK FOUNDATION INC 5999 LOWER LAWRENCE ST ROME, NY 13440	N/A	PUBLIC	DONATION	200
JUVENILE DIABETES RESEARCH FOUNDATION 100 METROPOLITAN PARK DRIVE SUITE 400 LIVERPOOL, NY 13088	N/A	PUBLIC	DONATION	2,500
LEWIS COUNTY HOSPITAL FOUNDATION 7785 N STATE ST LOWVILLE, NY 13367	N/A	PUBLIC	DONATION	5,000
MARCH OF DIMES 329 NORTH SALINA STREET 304 SYRACUSE, NY 13203	N/A	PUBLIC	DONATION	1,000
MASSENA MEALS ON WHEELS INC 70 E HATFIELD ST MASSENA, NY 13662	N/A	PUBLIC	DONATION	500
MASSENA MEMORIAL HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA, NY 13662	N/A	PUBLIC	DONATION	5,800
MASSENA VOLUNTEER EMERGENCY UNIT 341 EE ORVIS ST MASSENA, NY 13662	N/A	PUBLIC	DONATION	500
MCMAHON RYAN CHILD ADVOCACY SITE 601 EAST GENESEE STREET SYRACUSE, NY 13220	N/A	PUBLIC	DONATION	1,000
MINOA VOLUNTEER FIRE DEPARTMENT 240 N MAIN ST MINOA, NY 13116	N/A	PUBLIC	DONATION	240
MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 237 6743 KINNE ST EAST SYRACUSE, NY 13057	N/A	PUBLIC	DONATION	1,000
MUSCLAR DYSTROPHY ASSOCIATION 6315 FLY ROAD SUITE 102 EAST SYRACUSE, NY 13057	N/A	PUBLIC	SPONSORSHIP OF THE 2015 MUSCLE WALKS	500
NAMI 600 BLAIR PARK ROAD WATERBURY, NY 05676	N/A	PUBLIC	DONATION	1,000
NATIONAL ASSOCIATION OF THE 10TH MOUNTAIN DIV 11614A MULSBERRY 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	DONATION	500
<b>Total . . . . .</b>			<b>► 3a</b>	<b>634,948</b>

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NATIONAL MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 2173 SYRACUSE, NY 13220	N/A	PUBLIC	DONATION	1,000
NMC RUN FOR JIM FOUNDATION 89 UPPER WELDON STREET ST ALBANS, VT 05478	N/A	PUBLIC	SPONSORSHIP OF THE WALK FOR JIM	1,000
NORTH AREA MEALS ON WHEELS INC 413 CHURCH STREET NORTH SYRACUSE, NY 13212	N/A	PUBLIC	SPONSORSHIP OF THE 2015 SPRING GALA	500
NORTH COUNTRY HOSPITAL & HEALTH CENTER 189 PROUTY DRIVE NEWPORT, VT 05855	N/A	PUBLIC	SPONSORSHIP OF THE 4TH ANNUAL MOONLIGHT BALL	1,000
OSWEGO HEALTH GOLF TOURNAMENT 110 WEST 6TH ST OSWEGO, NY 13126	N/A	PUBLIC	DONATION	7,500
OTTER CREEK CHILD CENTER INC WEYBRIDGE ST MIDDLEBURY, VT 05753	N/A	PUBLIC	DONATION	1,000
PAIGE'S BUTTERFLY RUN 2911 FARGO RD BALDWINSVILLE, NY 13027	N/A	PUBLIC	DONATION	3,000
POTSDAM RESCUE SQUAD PO BOX 700 POTSDAM, NY 13676	N/A	PUBLIC	DONATION	3,000
PREVENT CHILD ABUSE PO BOX 829 MONTPELIER, VT 05601	N/A	PUBLIC	SPONSORSHIP OF WALK/RUN FOR CHILDREN	1,000
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD ST SYRACUSE, NY 13202	N/A	PUBLIC	DONATION	500
RHA COMSTOCK AVE SYRACUSE, NY 13210	N/A	PUBLIC	DONATION	200
RICHFIELD SPRINGS AREA FOOD BANK EAST JAMES STREET RICHFIELD SPRINGS, NY 13439	N/A	PUBLIC	DONATION	500
RICHFIELD SPRINGS FIRE DEPARTMENT 22 CHURCH STREET RICHFIELD SPRINGS, NY 13439	N/A	PUBLIC	DONATION	500
RIVER HOSPITAL FOUNDATION PO BOX 567 ALEXANDRIA BAY, NY 13607	N/A	PUBLIC	DONATION TOWARDS EQUIPMENT FUND	2,500
ROCHESTER PRESBYTERIAN HOME 256 THURSTON RD ROCHESTER, NY 14619	N/A	PUBLIC	DONATION	5,000
<b>Total . . . . .</b>				634,948
			► 3a	

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
S&S VOLUNTEER AMBULANCE 75 N HELMER AVENUE DOLGEVILLE, NY 13329	N/A	PUBLIC	SPONSORSHIP OF THE COMMUNITY INVOLVEMENT DAY	400
SALUTE TO MILITARY GOLF ASSOCIATION 19628 STATE ROUTE WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	3,000
SAMARITAN AUXILIARY 43000 COUNTY ROUTE 100 WELLESLEY ISLAND, NY 13640	N/A	PUBLIC	DONATION	1,000
SAMARITAN FOUNDATION OF NNY 830 WASHINGTON ST WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	3,000
SAMARITAN MEDICAL CENTER 830 WASHINGTON ST WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	5,064
SARAH HOUSE 100 ROBERTS AVE SYRACUSE, NY 13207	N/A	PUBLIC	DONATION	1,000
SENECA CAYUGA ARC 1083 WATERLOO GENEVA ROAD WATERLOO, NY 13165	N/A	PUBLIC	DONATION	500
SERENITY HOSPICE CARE PO BOX 1000 PARKHILLS, MO 63640	N/A	PUBLIC	DONATION	1,000
SERENITY'S WOMEN'S CENTER INC 115 GREEN ST SUITE 4 SYRACUSE, NY 13026	N/A	PUBLIC	DONATION	2,500
SILVER KNIGHTS FOUNDATION INC 7201 JONES ROAD SYRACUSE, NY 13209	N/A	PUBLIC	SPONSORSHIP OF THE 2015 PINK & TEAL JERSEY NIGHT	500
SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICES 77 FENNEL ST SKANEATELES, NY 13152	N/A	PUBLIC	DONATION	500
SOCIETY OF UNITED HELPERS 732 FORD STREET OGDENSBURG, NY 13669	N/A	PUBLIC	SPONSORSHIP	1,000
SOLVAY FIRE DEPARTMENT 1925 MILTON AVE SOLVAY, NY 13209	N/A	PUBLIC	DONATION	450
SPECIAL OLYMPICS NY CENTRAL SOUTHERN TIER 6315 FLY RD EAST SYRACUSE, NY 13057	N/A	PUBLIC	DONATION	1,000
SPRINGBROOK 105 CAMPUS DRIVE ONEONTA, NY 13820	N/A	PUBLIC	DONATION	1,000
<b>Total . . . . .</b>				634,948
► 3a				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD, VT 05156	N/A	PUBLIC	DONATION	1,000
ST CAMILLUS FOUNDATION 813 FAY RD SYRACUSE, NY 13219	N/A	PUBLIC	DONATION	500
ST ELIZABETH MEDICAL CENTER FOUNDATION 2209 GENESEE ST UTICA, NY 13501	N/A	PUBLIC	SPONSORSHIP FOR ANNUAL GOLD TOURNAMENT	1,500
ST JOSEPH'S FOUNDATION 950 LINDEN STREET OGDENSBURG, NY 13669	N/A	PUBLIC	DONATION	100
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION 973 JAMES STREET SUITE 250 SYRACUSE, NY 13203	N/A	PUBLIC	DONATION	20,000
ST LAWRENCE COUNTY CANCER FUND 1 PARK STREET NORWOOD, NY 13668	N/A	PUBLIC	DONATION	100
SULLIVAN FREE LIBRARY 101 FALLS BLVD CHITTENANGO, NY 13037	N/A	PUBLIC	DONATION	500
SYMPHORIA 8510 FARM GATE PATH CICERO, NY 13039	N/A	PUBLIC	DONATION	1,500
TIERS 100 UNION STREET CLAYTON, NY 13624	N/A	PUBLIC	DONATION	1,500
THE BRAIN ANEURYSM FOUNDATION 269 HANOVER STREET HANOVER, MA 02339	N/A	PUBLIC	DONATION	250
THE CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE PO BOX 1000 NEW HARTFORD, NY 13413	N/A	PUBLIC	DONATION	1,500
THE KARA FUND 5827 AUGSBURG CIRCLE EAST SYRACUSE, NY 13057	N/A	PUBLIC	DONATION	2,500
THE LEUKEMIA AND LYMPHOMA SOCIETY 4043 MAPLE ROAD SUITE 105 AMHERST, NY 14226	N/A	PUBLIC	DONATION	1,000
UNITED CEREBRAL PALSY 4 COMMERCE LANE CANTON, NY 13617	N/A	PUBLIC	DONATION	1,000
UNIVERSITY OF VERMONT CHILDREN'S HOSPITAL 1382 MILITARY TURNPIKE PLATTSBURGH, NY 12901	N/A	PUBLIC	DONATION	200
<b>Total . . . . .</b>				634,948
► 3a				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
UNIVERSITY OF VERMONT MEDICAL CENTER 1 SOUTH PROSPECT STREET BURLINGTON, VT 05401	N/A	PUBLIC	DONATION	8,333
UPSTATE MEDICAL UNIVERSITY FOUNDATION 750 E ADAMS STREET SYRACUSE, NY 13210	N/A	PUBLIC	DONATION	10,000
VERA HOUSE 6181 THOMPSON RD STE 100 SYRACUSE, NY 13206	N/A	PUBLIC	DONATION	5,000
VERMONT ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 60 KIMBALL STREET SOUTH BURLINGTON, VT 05403	N/A	PUBLIC	SPONSORSHIP OF SUMMER CAMP	2,000
VERMONT CARES 187 SAINT PAUL STREET BURLINGTON, VT 05402	N/A	PUBLIC	DONATION	1,000
VICTIM'S ASSISTANCE CENTER 120 ARCADE ST WATERTOWN, NY 13601	N/A	PUBLIC	SPONSORSHIP OF THE TASTE OF THE TOWN	1,000
WATERTOWN URBAN MISSION 247 FACTORY STREET WATERTOWN, NY 13601	N/A	PUBLIC	DONATION	5,000
WESTCOTT COMMUNITY CENTER 826 EUCLID AVENUE SYRACUSE, NY 13210	N/A	PUBLIC	DONATION	250
WILDERNESS HEALTHCARE FOUNDATION 1014 OSWEGATCHIE TRAIL STAR LAKE, NY 13690	N/A	PUBLIC	DONATION	2,250
WILDWOOD FOUNDATION 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 12303	N/A	PUBLIC	DONATION	500
<b>Total . . . . .</b>				634,948
► 3a				

## TY 2015 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
KPH HEALTHCARE SERVICES, INC. STOCK	3,575,037	3,575,037

## TY 2015 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 KPH HEALTHCARE SERVICES, INC	46,136	108,441	108,441
PREPAID TAXES	0	6,106	6,106

## TY 2015 Other Decreases Schedule

**Name:** KINNEY DRUGS FOUNDATION INC**EIN:** 03-0406308

Description	Amount
UNREALIZED LOSS	111,177

## TY 2015 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	20,453	20,453	0	0
FUNDRAISING EVENT EXPENSES	200,696	0	167,206	33,490
MISCELLANEOUS	8,999	2,700	0	6,299
BAD DEBT EXPENSE	4,062	0	0	0

## TY 2015 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	167,206		167,206

## TY 2015 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	1,914	0

## TY 2015 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	3,972	0	0	0

2015

**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](http://www.irs.gov/form990).

**Name of the organization**

KINNEY DRUGS FOUNDATION INC

**Employer identification number**

0 3-04 06 308

Organization type (check one)

**Filers of:****Section:**

Form 990 or 990-EZ

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

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 33<sup>1/3</sup>% 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

**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	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	_____	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )

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



**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
1	KPH HEALTHCARE SERVICES INC  29 EAST MAIN STREET  GOUVERNEUR, NY 13642	\$ 150,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
2	HALLMARK GLOBAL SERVICES INC  2501 MCGEE TRAFFICWAY  KANSAS CITY, MO 64108	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
3	MCKESSON CORP  1 POST STREET  SAN FRANCISCO, CA 94104	\$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
4	PEPSI BEVERAGES COMPANY  6010 TARBELL ROAD  SYRACUSE, NY 13206	\$ 18,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
5	COCA COLA  PO BOX 1734  ATLANTA, GA 30301	\$ 13,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )
6	HAYLOR FREYER & COON INC  231 SALINA MEADOWS PARKWAY  SYRACUSE, NY 13221	\$ 11,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>  (Complete Part II for noncash contribution )

## 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
7	LIBERTY MUTUAL GROUP INC 175 BERKELEY STREET BOSTON, MA 02116	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
8	SAMARITAN MEDICAL CENTER 830 WASHINGTON STREET WATERTOWN, NY 13601	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
9	BAILEY & HASKELL ASSOCIATES 169 MAIN STREET ONEIDA, NY 13421	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
10	BRION FORGET 1469 LAVALLEY ROAD MOOERS, NY 12958	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
11	DAVID SCHRYVER 436 OLD CANTON ROAD DEKALB, NY 13630	\$ 6,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
12	MARY SCULLY 26 SHORELINE DRIVE MASSENA, NY 13662	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )

## 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
13	PICKNEY HUGO GROUP 760 WEST GENESEE STREET SYRACUSE, NY 13204	\$ 5,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )
14	EMERSON HEALTHCARE 407 EAST LANCASTER AVENUE WAYNE, PA 19087	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contribution )