

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2018

Open to Public  
Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

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		B Telephone number (see instructions) (315) 425-7960	
City or town, state or province, country, and ZIP or foreign postal code GOVERNEUR, NY 13642			
<b>G</b> 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		<b>C</b> If exemption application is pending, check here ► <input type="checkbox"/> <b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>	
<b>H</b> 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			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 4,155,622		<b>J</b> 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)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	1,012,258			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	68,004	68,004	68,004	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	46,200			
	b Gross sales price for all assets on line 6a	144,178			
	7 Capital gain net income (from Part IV, line 2)		46,200		
	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)				
	<b>12 Total.</b> Add lines 1 through 11	1,126,462	114,204	68,004	
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc	65,894	16,474	0	49,420
	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)	1,414	0	0	0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	1,568	470	0	1,098
	22 Printing and publications				
	23 Other expenses (attach schedule)	198,253	26,536	0	144,726
	<b>24 Total operating and administrative expenses.</b>				
	Add lines 13 through 23	267,129	43,480	0	195,244
	25 Contributions, gifts, grants paid	561,217			821,566
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	828,346	43,480	0	1,016,810
	<b>27</b> Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	298,116			
	b Net investment income (if negative, enter -0-)		70,724		
	c Adjusted net income (if negative, enter -0-)			68,004	

	<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
	<b>1</b> Cash—non-interest-bearing	61,974	42,222	42,222	
	<b>2</b> Savings and temporary cash investments				
	<b>3</b> Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	<b>4</b> Pledges receivable ► 64,580	56,895	64,580	64,580	
	Less allowance for doubtful accounts ►				
	<b>5</b> Grants receivable				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	<b>7</b> Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	<b>8</b> Inventories for sale or use	1,095	727	727	
	<b>9</b> Prepaid expenses and deferred charges	13,500			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule)	4,184,548	4,016,331	4,016,331	
	<b>c</b> Investments—corporate bonds (attach schedule)				
	<b>11</b> Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	<b>12</b> Investments—mortgage loans				
	<b>13</b> Investments—other (attach schedule)				
	<b>14</b> Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	<b>15</b> Other assets (describe ► )	30,433	31,762	31,762	
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	4,348,445	4,155,622	4,155,622	
	<b>17</b> Accounts payable and accrued expenses				
	<b>18</b> Grants payable	697,366	464,008	464,008	
	<b>19</b> Deferred revenue				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule)				
	<b>22</b> Other liabilities (describe ► )	697,366	464,008	464,008	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22)				
	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted	3,651,079	3,691,614	3,691,614	
	<b>25</b> Temporarily restricted				
	<b>26</b> Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds				
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund				
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions)	3,651,079	3,691,614	3,691,614	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)	4,348,445	4,155,622	4,155,622	

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

<b>1</b> 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)	<b>1</b>	3,651,079
<b>2</b> Enter amount from Part I, line 27a	<b>2</b>	298,116
<b>3</b> Other increases not included in line 2 (itemize) ►	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3	<b>4</b>	3,949,195
<b>5</b> Decreases not included in line 2 (itemize) ►	<b>5</b>	257,581
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	<b>6</b>	3,691,614

**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.)
1 a WILMINGTON TRUST BANK DEPOSIT SWEEP		P		2018-12-31
b WILMINGTON US GOVT MONEY MKT		P		2018-12-31
c CAPITAL GAINS DIVIDENDS		P		
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 39,763		39,763	0	
b 58,215		58,215	0	
c 46,200			46,200	
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a			0	
b			0	
c			46,200	
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	If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	2	46,200
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3	0

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

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

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

 Yes  No

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

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))
2017	1,020,292	3,953,648	0 258063
2016	890,226	3,646,990	0 244099
2015	718,200	3,870,687	0 185548
2014	914,513	3,522,829	0 259596
2013	884,819	3,270,037	0 270584
<b>2 Total</b> of line 1, column (d)			2 1 217890
<b>3 Average</b> distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			3 0 243578
<b>4 Enter</b> the net value of noncharitable-use assets for 2018 from Part X, line 5			4 4,288,164
<b>5 Multiply</b> line 4 by line 3			5 1,044,502
<b>6 Enter</b> 1% of net investment income (1% of Part I, line 27b)			6 707
<b>7 Add</b> lines 5 and 6			7 1,045,209
<b>8 Enter</b> qualifying distributions from Part XIII, line 4			8 1,016,810

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	1	1,414
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,414
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	1,414
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	1,414
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	3,841
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	3,841
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	2,427
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ►	11	0
		2,427	Refunded ►

**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).	1b	Yes	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>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1)	On the foundation ► \$ _____ 0	(2)	On foundation managers ► \$ _____ 0	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	Yes	No
	<i>If "Yes," attach a detailed description of the activities</i>			
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	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	► NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	9	Yes	
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <a href="http://WWW.KINNEYDRUGSFOUNDATION.COM">WWW.KINNEYDRUGSFOUNDATION.COM</a>	13	Yes
14	The books are in care of ► <u>STEPHEN P MCCOY SECTREASURER</u>	Telephone no	► (315) 425-7960
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. and enter the amount of tax-exempt interest received or accrued during the year.	15	<input type="checkbox"/>
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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 <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.	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 2018?	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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 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 2018 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 2018).	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 2018?	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))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here.		5b	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>		7a	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<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>
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a) Name and address of each employee paid more than \$50,000</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
NONE				
<b>Total number of other employees paid over \$50,000.</b>				► 0

**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 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**

1.016.810

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	4,225,767
b	Average of monthly cash balances. . . . .	1b	127,699
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	4,353,466
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	4,353,466
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	65,302
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,288,164
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	214,408

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreignorganizations check here ►  and do not complete this part )

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2018 from Part VI, line 5. . . . .	2a	
b	Income tax for 2018 (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	1,016,810
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	1,016,810
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	1,016,810
<b>Note:</b> 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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013. . . . .				
b From 2014. . . . .				
c From 2015. . . . .				
d From 2016. . . . .				
e From 2017. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ _____				
a Applied to 2017, 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 2018 distributable amount. . . . .				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
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 2013 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10 Analysis of line 9</b>				
a Excess from 2014. . . . .				
b Excess from 2015. . . . .				
c Excess from 2016. . . . .				
d Excess from 2017. . . . .				
e Excess from 2018. . . . .				

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

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

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

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

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

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

- b The form in which applications should be submitted and information and materials they should include  
CONTACT THROUGH WEBSITE TO OBTAIN FORMS TO BE COMPLETED AND SUBMITTED VIA EMAIL

- c Any submission deadlines

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

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	
<b>1</b> Program service revenue					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments.					
<b>3</b> Interest on savings and temporary cash investments					
<b>4</b> Dividends and interest from securities.			14	68,004	
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income.					
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	46,200	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue a					
b					
c					
d					
e					
<b>12</b> Subtotal Add columns (b), (d), and (e).		0		114,204	0
<b>13</b> Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		114,204

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



## 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				
DAVE MCCLURE	PRESIDENT 5 00	0	0	0
58 RIVER DRIVE GOUVERNEUR, NY 13642				
DAVID WARNER	DIRECTOR 2 00	0	0	0
8805 NEW COUNTY DRIVE CICERO, NY 13039				
OWEN HALLORAN	DIRECTOR 2 00	0	0	0
1 WALDEN CIRCLE SARATOGA SPRINGS, NY 12866				
JOHN DYER	DIRECTOR 2 00	0	0	0
1705 VINE STREET CHICAGO, IL 60614				
BRIAN SCOTT	DIRECTOR 2 00	0	0	0
34847 LEWIS LOOP CARTHAGE, NY 13619				
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	65,894	0	0
PO BOX 122 MORRISTOWN, NY 13664				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
ACCESSNY1603 COURT STREET SYRACUSE, NY 13208	N/A	PC	SPONSORSHIP FOR ANYTHING THAT ROLLS! AND DONATION	3,500
ACR HEALTH627 WEST GENESEE ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP FOR WALK/RUN	3,000
ACS RIVER ROMPERS34 BOLTON AVE ALEXANDRIA BAY, NY 13601	N/A	PC	SPONSORSHIP FOR RACE FOR A CURE	500
<b>Total . . . . .</b>			► 3a	504,842

**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)				
<i>a Paid during the year</i>				
ADIRONDACK MEDICAL CENTER PO BOX 120 SARANAC LAKE, NY 12983	N/A	PC	SPONSORSHIP OF GALA & GOLF TOURNAMENT	5,000
AGE WELL76 PEARL STREET STE 201 ESSEX JUNCTION, VT 05452	N/A	PC	MARCH FOR MEALS	500
ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE, NY 12953	N/A	PC	SPONSORSHIP OF GOLF TOURNAMENT & GALA	5,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
ALL THINGS ABOUT OZ HISTORICAL FOUNDATION 219 GENESEE ST CHITTENANGO, NY 13037	N/A	PC	SPONSORSHIP OF MUNCHKIN MILE & TODDLER TROT	250
ALS ASSOCIATION OF UPSTATE NY 890 SEVENTH NORTH STREET LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP GOLF AND WALK	1,000
ALZ DISEASE AND RELATED DISORDERS ASSOCIATION 9370 OLIVE BLVD ST LOUIS, MO 63132	N/A	PC	SPONSORSHIP OF FARMINGTON WALK TO END ALZHEIMER'S	500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
ALZHEIMER'S ASSOCIATION OF CNY 441 KIRKPATRICK STREET SYRACUSE, NY 13204	N/A	PC	DONATION	4,500
AMERICAN CANCER SOCIETY OF SYRACUSE 6725 LYONS ST EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF RELAY FOR LIFE / COLOR FOR CANCER WALKS AND COACHS VS CANCER GOLF TOURNAMENT	10,500
AMERICAN CANCER SOCIETY OF VT 55 DAY LANE WILLISTON, VT 05495	N/A	PC	SPONSORSHIP OF RELAY FOR LIFE WALKS	5,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 6390 FLY ROAD 2ND FLOOR SYRACUSE, NY 13057	N/A	PC	DONATION	500
AMERICAN RED CROSS 344 W GENESEE STREET SYRACUSE, NY 13202	N/A	PC	SPONSORSHIP FOR GALA ANDREAL HEROES BREAKFAST	12,000
ARC OF ONONDAGA FOUNDATION 600 S WILBUR ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP	2,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
AUTISM ALLIANCE OF NORTHEASTERN NEW YORK PO BOX 1884 PLATTSBURGH, NY 12901	N/A	PC	SPONSORSHIP OF AUTISM AWARENESS WALK	150
BRAIN INJURY ASSOCIATION OF VERMONT PO BOX 482 WATERBURY, VT 05676	N/A	PC	SPONSORSHIP OF ANNUAL WALK FOR THOUGHT	500
BRAIN INJURY COALITION OF CENTRAL NY 4873 THORNWOOD DRIVE LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP OF GOLF CLASSIC	2,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
CAMP GOOD DAYS & SPECIAL TIMES 356 NORTH MIDLER AVE SYRACUSE, NY 13206	N/A	PC	SPONSORSHIP OF WINE IN THE WOODS	500
CAMP TA-KUM-TA88 PACKARD ROAD JERICHO, VT 05465	N/A	PC	SPONSORSHIP	3,200
CANCER PATIENTS SUPPORT PROGRAM PO BOX 1804 WILLISTON, VT 05495	N/A	PC	SPONSORSHIP OF CULINARY CLASSIC	500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
CANCER RESOURCE CENTER OF THE FINGER LAKES 612 W STATE STREET ITHACA, NY 148503308	N/A	PC	DONATION	500
CANTON POTSDAM HOSPITAL FOUNDATION 50 LEROY ST CANTON, NY 13676	N/A	PC	DONATION	1,500
CANTON POTSDAM HOSPITAL GUILD PO BOX 5184 POTSDAM, NY 13676	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	1,500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
CAROL M BALDWIN BREAST CANCER RESEARCH FUND OF CNY 3793 MILTON AVE SUITE 188 CAMILLUS, NY 13031	N/A	PC	DONATION	2,376
CATHOLIC CHARITIES OF ONONDAGA COUNTY 1654 WEST ONONDAGA ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP OF HOUSE OF PROVIDENCE DINNER	1,000
CENTRAL VERMONT MEDICAL CENTER 130 FISHER ROAD BERLIN, VT 05602	N/A	PC	CONTRIBUTION	250
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
CHAMPLAIN COMMUNTIY SERVICES INC 512 TROY STREET COLCHESTER, NY 05446	N/A	PC	SPONSORSHIP	500
CHARITY FOR CHILDREN INC PO BOX 204 SYRACUSE, NY 13026	N/A	PC	SPONSORSHIP FOR HALF MARATHON	1,000
CHILDREN'S HOME OF JEFFERSON COUNTY 253 STATE STREET WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	2,500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY, UT 84101	N/A	PC	CMN FUNDRAISING CAMPAIGN	212,997
CLAXTON-HEPBURN MEDICAL CENTER AUXILIARY 214 KING STREET OGDENSBURG, NY 13669	N/A	PC	SPONSORSHIP OF ANNUAL FESTIVAL OF THE TREES	2,000
COMMUNITY MEMORIAL HOSPITAL 150 BROAD STREET HAMILTON, NY 13346	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	2,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
CORTLAND MEMORIAL FOUNDATION 134 HOMER AVENUE CORTLAND, NY 13045	N/A	PC	SPONSORSHIP OF ANNUAL CMF GOLF CLASSIC	2,500
CROHN'S & COLITIS FOUNDATION 2117 BUFFALO ROAD 299 ROCHESTER, NY 14624	N/A	PC	DONATION	15,000
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	N/A	PC	SPONSORSHIP OF TRIBUTE EVENING	6,500
<b>Total . . . . .</b>			► 3a	504,842

**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)				
<i>a Paid during the year</i>				
CYSTIC FIBROSIS FOUNDATION CNY 2507 JAMES ST SYRACUSE, NY 13206	N/A	PC	SPONSORSHIP OF BOWL FOR BREATH AND RIDE TO BREATHE	3,000
DPAO617 DAVIDSON ST BOX 222 WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF SUMMER CONCERT SERIES	11,000
ELDERCARE FOUNDATION INC 1050 WEST GENESEE STREET SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF LEGACY LUNCHEON	2,500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET ELIZABETHTOWN, NY 12932	N/A	PC	SPONSORSHIP OF WALK/RUN	1,500
EPISCOPAL SENIORLIFE COMMUNITIES 535 MT HOPE AVE ROCHESTER, NY 14620	N/A	PC	SUPPORT FOR 150TH ANNIVERSARY CELEBRATION	8,000
FAIRPORT BAPTIST HOME FOUNDATION 4646 FAIRPORT NINE MILE POINT ROAD FAIRPORT, NY 14450	N/A	PC	VITALIZE 360 PROJECT	2,500
<b>Total . . . . .</b>			► 3a	504,842

**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>				
FAITH IN ACTION 101 MAIN ST PO BOX 515 LYDONVILLE, VT 05851	N/A	PC	FREE FOOD SHARE PROGRAM	750
FAMILIES FIGHTING FLU 4201 WILSON BLVD ARLINGTON, VA 22203	N/A	PC	SPONSORSHIP OF INFLUENZAS AWARENESS & EDUCATION	1,000
FAMILY AND CHILDREN'S SERVICES OF ITHACA 127 W STATE ST ITHACA, NY 14850	N/A	PC	SPONSORSHIP OF OUR HOME COMMUNITY EVENT	500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
FAMILY COUNSELING SERVICES OF NNY INC 220 MULLIN ST 102 WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF FAMILY COUNSELING SERVICES 1ST ANNUAL GOLF TOURNAMENT	50
FAXTON ST LUKE'S HEALTHCARE FOUNDATION 1676 SUNSET AVE UTICA, NY 12208	N/A	PC	SPONSORSHIP OF ANNUAL GOLF OPEN	2,500
FESTIVAL FOODS TURKEY TROT 1702 LAWRENCE DRIVE DE PERE, WI 54115	N/A	PC	SPONSORSHIP	3,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	N/A	PC	SPONSORSHIP OF MOBILE FOOD PANTRY	3,500
FOUNDATION OF CVPH MEDICAL CENTER 75 BEEKMAN STREET PLATTSBURGH, NY 12901	N/A	PC	SET SAIL GALA	2,500
FRANCIS HOUSE INC 108 MICHAELS AVE SYRACUSE, NY 13208	N/A	PC	SPONSORSHIP OF THERE'S NO PLACE LIKE HOME	3,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
FRANKLIN COUNTY HOME HEALTH AGENCY INC 3 HOME HEALTH CIRCLE ST ALBANS, VT 05478	N/A	PC	SPONSORSHIP OF ANNUAL BLUE JEAN BALL	1,000
FRIENDS OF OSWEGO COUNTY HOSPICE INC PO BOX 102 OSWEGO, NY 13216	N/A	PC	SPONSORSHIP OF ANNUAL HOSPICE CUP REGATTA	1,000
FRIENDS OF THE ARC FOUNDATION PO BOX 97 UTICA, NY 13026	N/A	PC	SPONSORSHIP OF HELPING LIVES BLOOM	500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
GIGI'S PLAYHOUSE 5885 E CIRCLE DR 250 CICERO, NY 13039	N/A	PC	SPONSORSHIP OF I HAVE A VOICE GALA	1,000
GOUVERNEUR BREAST CANCER FUND PO BOX 64 GOUVERNEUR, NY 13642	N/A	PC	SPONSORSHIP	1,700
GOUVERNEUR VOLUNTEER RESCUE SQUAD 1024 US-11 GOUVERNEUR, NY 13642	N/A	PC	SIMULATION PROJECT	6,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
GRIFFINS GUARDIANS 8778 HONEYCOMB PATH CICERO, NY 13039	N/A	PC	SPONSORSHIP OF ANNUAL GOLD TIE GALA	750
GUNDERSEN LUTHERAN MEDICAL FOUNDATION 1900 SOUTH AVENUE LA CROSSE, WI 54601	N/A	PC	SPONSORSHIP OF STEPPIN OUT IN PINK	1,000
HEARTBEET LIFESHARING 218 TOWN FARM ROAD HARDWICK, NY 05843	N/A	PC	DONATION	500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
HELPING HANDS OF POTSDAM PO BOX 92 HANNAWA FALLS, NY 13647	N/A	PC	SPONSORSHIP OF CINDY TALCOTT MEMORIAL GOLF TOURNAMENT	500
HILLSIDE CHILDREN'S FOUNDATION 215 WYOMING STREET SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP OF TASTE OF SUCCESS CELEBRITY CHEF CHALLENGE	2,000
HINESBURG COMMUNITY RESOURCE CENTER PO BOX 444 HINESBURG, VT 05461	N/A	PC	DONATION	500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
HOPE FOR HEATHER PO BOX 2208 LIVERPOOL, NY 13089	N/A	PC	SPONSORSHIP FOR BREAKFAST AT TIFFANY'S FASHION SHOW	500
HOSPICARE AND PALLIATIVE CARE SERVICES 172 EAST KING ROAD ITHACA, NY 14850	N/A	PC	SPONSORSHIP OF WOMEN SWIMMIN FOR HOSPICARE	1,000
HOSPICE OF CENTRAL NEW YORK 990 SEVENTH NORTH ST LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP OF CAMP HEALING HEARTS	1,050
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
HOSPICE OF ST LAWRENCE VALLEY INC 6805 US HIGHWAY 11 POTSDAM, NY 13676	N/A	PC	SPONSORSHIP	2,500
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY, NY 12804	N/A	PC	SPONSORSHIP OF ANNUAL COMMUNITY CHAMPIONS DINNER	2,000
HUMAN SERVICES COALITION OF TOMPKINS CNTY 171 E MLK JR ST 133 ITHACA, NY 14850	N/A	PC	SPONSORSHIP OF GOOD FOOD IS AT THE HEART OF HOME CARE	500
<b>Total . . . . .</b>			► 3a	504,842

**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)				
<i>a Paid during the year</i>				
JAY FOCUS GROUPPO BOX 323 NORTH TROY, VT 05859	N/A	PC	NO CHILD LEFT INSIDE PROGRAM	500
JEFFERSON REHABILITATION CENTER 380 GAFFNEY DR POB 41 WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP	500
JENNI-LYN WATSON MEMORIAL FUND 431 EAST FAYATTE STREET 100 SYRACUSE, NY 13202	N/A	PC	SPONSORSHIP OF ANNUAL JENNI-LYNN MEMORIAL GOLF TOURNAMENT	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
JOSEPH MICHAEL CHUBBUCK FOUNDATION INC 5999 LOWER LAWRENCE ST ROME, NY 13440	N/A	PC	DONATION	200
JUVENILE DIABETES RESEARCH FOUNDATION 100 METROPOLITAN PARK DRIVE SUITE 400 LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP OF ONE WALK IN SYRACUSE	500
LIFE INC 725 E KARSCH BLVD FARMINGTON, MO 63640	N/A	PC	SPONSORSHIP OF MASQUERADE BALL	350
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
LEARNING DISABILITIES ASSOCIATION OF CNY 212 EAST MANLIUS ST EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF SAIL PROGRAM	1,000
LEWIS COUNTY HOSPITAL FOUNDATION 7785 N STATE ST LOWVILLE, NY 13367	N/A	PC	SPONSORSHIP	4,500
LEWIS COUNTY SEARCH AND RESCUE 7782 WEST STATE ST LOWVILLE, NY 13367	N/A	PC	DONATION	500
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
LUPUS ALLIANCE OF UPSTATE NEW YORK INC 438 MAIN ST 2013 BUFFALO, NY 14202	N/A	PC	DONATION	500
MAKE-A-WISH CENTRAL NEW YORK 5005 CAMPUSWOOD DR EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF BREAKFAST FOR WISHES	2,500
MARCH OF DIMES 329 NORTH SALINA STREET 304 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF MARCH FOR BABIES	2,500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
MARY RYDER HOME 4361 OLIVE ST ST LOUIS, MO 63108	N/A	PC	SPONSORSHIP	500
MASSENA MEMORIAL HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA, NY 13662	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	1,000
MEALS ON WHEELS OF SYRACUSE 300 BURT ST SYRACUSE, NY 13202	N/A	PC	SILVER PLATTER SPONSOR	1,500
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 237 6743 KINNE ST EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF MS MISSION STEPS WALK	1,000
MUSCLAR DYSTROPHY ASSOCIATION 6315 FLY ROAD SUITE 102 EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF THE MUSCLE WALKS	1,000
NAMI OF SYRACUSE 917 AVERY AVE SYRACUSE, NY 13204	N/A	PC	MENTAL HEALTH RECOVERY TREE	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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 ALLIANCE ON MENTAL ILLNESS 600 BLAIR PARK ROAD 301 WILLISTON, VT 05495	N/A	PC	SPONSORSHIP OF NAMI WALK	1,000
NATIONAL KIDNEY FOUNDATION OF CNY 731 JAMES ST SUITE 408 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF KIDNEY WALK	1,500
NMC RUN FOR JIM FOUNDATION 89 UPPER WELDON STREET ST ALBANS, VT 05478	N/A	PC	SPONSORSHIP OF THE WALK/RUN FOR JIM	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
NORTH AREA MEALS ON WHEELS INC 413 CHURCH STREET NORTH SYRACUSE, NY 13212	N/A	PC	DONATION	500
NORTH COUNTRY HOSPITAL & HEALTH CENTER 189 PROUTY DRIVE NEWPORT, VT 05855	N/A	PC	SPONSORSHIP OF THE ANNUAL MOONLIGHT BALL AND KIDS FREE WELLNESS DAY	2,500
NORTH COUNTRY LIFE FLIGHT INC HELMS MULLER RD SARANAC LAKE, NY 12983	N/A	PC	ANNUAL APPEAL	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
NORTH COUNTRY PRENATALPERINATAL COUNCIL 142 ARCADE ST WATERTOWN, NY 13601	N/A	PC	KING PIN SPONSOR	1,000
NORTHEASTERN VERMONT REGIONAL HOSPITAL 1315 HOSPITAL DR ST JOHNSBURY, VT 05819	N/A	PC	GRANT FOR ER EQUIPMENT	1,000
NORTHERN NEW YORK COMMUNITY FOUNDATION 131 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	SALAD SPONSOR FOR TASTE OF THE TOWN	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
NORTHPOLE FIRE COMPANY INC 22334 US-11 WATERTOWN, NY 13601	N/A	PC	DONATION	250
NORTHWESTERN MEDICAL CENTER 133 FAIRFIELD ST ST ALBANS, VT 05478	N/A	PC	VETERANS VALET SERVICE SPONSOR	500
ORLEANS COUNTY CITIZEN ADVOCACY PO BOX 781 DERBY, VT 05829	N/A	PC	NUTRITION AND COOKING WORKSHOPS	100
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
OSWEGO HEALTH FOUNDATION 110 WEST 6TH ST OSWEGO, NY 13126	N/A	PC	SPONSORSHIP OF RUN & GALA	5,000
PATHWAYS VERMONT INC 125 COLLEGE ST END FLOOR BURLINGTON, VT 05601	N/A	PC	SPONSORSHIP OF ANNUAL BREAKFAST FUNDRAISER	1,000
PEOPLE'S HEALTH & WELLNESS CLINIC 553 N MAIN ST 5 BARRE, VT 05641	N/A	PC	SPONSORSHIP OF ANNUAL BOWL-A-THON	250
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
PHILADELPHIA VOLUNTEER FIRE DEPARTMENT 1 ANTWERP STREET PHILADELPHIA, NY 13673	N/A	PC	FRONT SIGN PROJECT	500
PREVENT CHILD ABUSEPO BOX 829 MONTPELIER, VT 05601	N/A	PC	SPONSORSHIP OF WALK/RUN FOR CHILDREN	1,000
REACH ORGANIZATION INC 1010 JAMES ST SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF ELYSE'S REACH FOR A CURE	1,000
<b>Total . . . . .</b>			► 3a	504,842

**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)				
<i>a Paid during the year</i>				
RUN OCTOBERFEST INC 753 BEAR SWAMP ROAD PERU, NY 12972	N/A	PC	SPONSORSHIP OF ANNUAL OCTOBERFEST HALF MARATHON	250
RYAN'S WISH FOUNDATION 129 ROWLEY ST GOUVERNEUR, NY 13642	N/A	PC	DONATION	2,500
SAFELINE INC 348 VT RTE 110 CHELSEA, VT 05038	N/A	PC	SPONSORSHIP OF FOOD SHELF	250
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
SAMARITAN AUXILIARY 43000 COUNTY ROUTE 100 WELLESLEY ISLAND, NY 13640	N/A	PC	SPONSORSHIP	1,000
SAMARITAN MEDICAL CENTER 830 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	DONATION	7,500
SARAH'S GUEST HOUSE 100 ROBERTS AVE SYRACUSE, NY 13207	N/A	PC	SPONSORSHIP OF A GALA OF GIVING	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
SKANEATELES YMCA & COMMUNITY CENTER 97 STATE ST SKANEATELES, NY 13152	N/A	PC	INDOOR BATTING CAGE PROJECT	1,000
SPRINGBROOK 105 CAMPUS DRIVE ONEONTA, NY 13820	N/A	PC	SPONSORSHIP OF AN EVENING OF MUSIC AT THE MORGAN LIBRARY & MUSEUM	1,500
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD, VT 05156	N/A	PC	SPONSORSHIP OF ANNUAL GOLF CHALLENGE	1,000
<b>Total . . . . .</b>			► 3a	504,842

**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>				
ST CAMILLUS FOUNDATION 813 FAY RD SYRACUSE, NY 13219	N/A	PC	SPONSORSHIP OF FASHION SHOW AND LUNCHEON	750
ST JOSEPH'S FOUNDATION 950 LINDEN STREET OGDENSBURG, NY 13669	N/A	PC	SPONSORSHIP	1,000
ST JOSEPH'S HEALTH FOUNDATION 973 JAMES STREET SUITE 250 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF GALA DINNER	5,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
ST LAWRENCE COUNTY CANCER FUND PO BOX 291 CANTON, NY 13617	N/A	PC	SPONSORSHIP OF EDWARD I MOSES WALK/RUN FOR LIFE	12,000
SYMPHORIA8510 FARM GATE PATH CICERO, NY 13039	N/A	PC	SPONSORSHIP OF HEALING HARMONIES PROGRAM	1,500
SYRACUSE COMMUNITY HEALTH CENTER 819 SOUTH SALINA ST SYRACUSE, NY 13202	N/A	PC	A CELEBRATION OF CARE GALA	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
TEAM FOXPO BOX 4777 NEW YORK, NY 101634777	N/A	PC	SPONSORSHIP OF PUTTS FOR PARKINSON GOLF TOURNAMENT	200
THE KARA FUND 5827 AUGSBURG CIRCLE EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF OPEN YOUR HEARTS TO CHILDREN DINNER	2,500
THE LEUKEMIA & LYMPHOMA SOCIETY OF WI N50W16913 STONE COURT MENOMONEE FALLS, WI 53051	N/A	PC	SPONSORSHIP OF SCENIC SHORE 150 BIKE RIDE	1,000
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
THE LEUKEMIA AND LYMPHOMA SOCIETY 4043 MAPLE ROAD SUITE 105 AMHERST, NY 14226	N/A	PC	SPONSORSHIP OF LIGHT THE NIGHT WALK	1,000
TULLY HILL FOUNDATIONPO BOX 1116 TULLY, NY 13159	N/A	PC	REDESIGN OF WEBSITE	2,000
UNITED HELPERS - MOSAIC 732 FORD STREET OGDENSBURG, NY 13669	N/A	PC	SPONSORSHIP OF TRANSPORTATION ACCESSIBILITY PROJECT	20,000
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
UNITED WAY OF GREATER OSWEGO COUNTY 1 S 1ST ST FULTON, NY 13069	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	500
UPSTATE FOUNDATION INC 750 E ADAMS STREET SYRACUSE, NY 13210	N/A	PC	SPONSORSHIP OF FATHER DAUGHTER DANCE, GALA & GOLF	10,000
VALLEY RESIDENTIAL SERVICES INC 690 WEST GERMAN ST HERKIMER, NY 13350	N/A	PC	DONATION	500
<b>Total . . . . .</b>			► 3a	504,842

**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>				
VERMONT FOODBANK 33 PARKER RD BARRE, VT 05641	N/A	PC	GRANT FOR VEGGIEVAN GO PROJECT	2,500
VICTIM'S ASSISTANCE CENTER 120 ARCADE ST WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF ANNUAL MASQUERADE BALL	500
VISITING NURSE ASSOCIATION 1110 PRIM ROAD COLCHESTER, NY 05446	N/A	PC	SPONSORSHIP OF 5K FUN RUN & WALK	750
<b>Total . . . . .</b>			► 3a	504,842

## 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>				
VOLUNTEER CENTER OF JEFFERSON COUNTY 203 NORTH HAMILTON ST WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	500
WATERTOWN HIGH SCHOOL 1335 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	DONATED SIGNED BOOKS	369
WCSD FOOD 4 FAMILIES 1351 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	DONATION	100
<b>Total . . . . .</b>			► 3a	504,842

## 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)				
<i>a Paid during the year</i>				
WESTCOTT AREA CULTURAL COALITION 826 EUCLID AVENUE SYRACUSE, NY 13210	N/A	PC	SPONSORSHIP OF CULTURAL FAIR	250
WESTPORT FEDERATED CHURCH INC 7 BAYBREEZE LN WESTPORT, NY 12993	N/A	PC	SPONSORSHIP OF MEDICAL ASSISTANCE PROGRAM	500
WILDWOOD FOUNDATION 2995 CURRY ROAD EXTENSION SCHENECTADY, NY 12303	N/A	PC	DONATION	1,750
<b>Total . . . . .</b>			► 3a	504,842

## TY 2018 Investments Corporate Stock Schedule

**Name:** KINNEY DRUGS FOUNDATION INC

**EIN:** 03-0406308

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
M&T SECURITIES	4,016,331	4,016,331

## TY 2018 Other Assets Schedule

**Name:** KINNEY DRUGS FOUNDATION INC

**EIN:** 03-0406308

### Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM KPH HEALTHCARE SERVICES, INC	30,089	29,332	29,332
EXCISE TAX RECEIVABLE	344	2,430	2,430

## TY 2018 Other Decreases Schedule

**Name:** KINNEY DRUGS FOUNDATION INC

**EIN:** 03-0406308

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	257,581

## TY 2018 Other Expenses Schedule

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

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	24,840	24,840	0	0
FUNDRAISING EVENT EXPENSES	140,697	0	0	140,697
MISCELLANEOUS	379	379	0	0
BAD DEBT EXPENSE	70	0	0	70
ADVERTISING	35	0	0	35
BANK FEES	2,506	1,317	0	1,189
MATERIALS AND SUPPLIES	884	0	0	884
MEALS AND ENTERTAINMENT	771	0	0	771
SERVICE CONTRACT EXPENSE	1,080	0	0	1,080
CHANGE IN DISCOUNTS ON LONG TERM GRANTS PAYABLE	26,991	0	0	0

## TY 2018 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	1,414	0	0	0

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

OMB No 1545-0047

- Attach to Form 990, 990-EZ, or 990-PF
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

**2018****Name of the organization**  
KINNEY DRUGS FOUNDATION INC**Employer identification number**  
03-0406308**Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Form 990-PF

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</sup> 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> KINNEY DRUGS FOUNDATION INC		<b>Employer identification number</b> 03-0406308	
<b>Part I</b> <b>Contributors</b> (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 )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution )
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <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> <span style="float: right;">Noncash Property</span>			
(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

**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
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	(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
1	KPH HEALTHCARE SERVICES INC 29 EAST MAIN STREET GOVERNEUR, NY 13642	\$ 177,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
2	HALLMARK GLOBAL SERVICES INC PO BOX 418307 KANSAS CITY, MO 64108	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
3	MCKESSON CORP 6555 NORTH STATE HWY 161 IRVING, TX 75039	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
4	PEPSI BEVERAGES COMPANY PO BOX 75948 CHICAGO, IL 60675	\$ 11,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
5	COCA COLA ENTERPRISES PO BOX 419784 BOSTON, MA 022419784	\$ 13,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
6	LIBERTY MUTUAL GROUP INC PO BOX 1525 DOVER, NH 038211525	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

## 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>7</u>	SAMARITAN MEDICAL CENTER 830 WASHINGTON STREET WATERTOWN, NY 13601	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>8</u>	EMERSON HEALTHCARE 407 EAST LANCASTER AVENUE WAYNE, PA 19087	\$ 7,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>9</u>	ONEGROUP NY 5790 WIDE WATERS PARKWAY DEWITT, NY 13214	\$ 20,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>10</u>	AJM MANAGEMENT SERVICES 5112 WEST TAFT ROAD SUITE M LIVERPOOL, NY 13088	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>11</u>	CRAIG AND JULIANNE PAINTER PO BOX 541 CARMEL VALLEY, CA 93924	\$ 50,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>12</u>	HYDE-STONE MECHANICAL CONTRACTORS INC 22962 MURROCK CIRCLE WATERTOWN, NY 13601	\$ 6,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )

## 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>13</u>	BRIDGET HART 169 SOMMERSVILLE ROAD  ANTWERP, NY 13608	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>14</u>	STEPHEN MCCOY 6078 HILLER DRIVE  CICERO, NY 13093	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>15</u>	DEBBI BARBER 19 GOLF COURSE ROAD  MALONE, NY 12953	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>16</u>	NEIL TIERSON 5701 HARNESS HOOK LANE  CHITTENANGO, NY 13037	\$ 5,200	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )
<u>17</u>	SCRIPTSAVE  4911 EAST BROADWAY BLVD  TUSCON, AZ 85711	\$ 10,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash  (Complete Part II for noncash contributions )