

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation KINNEY DRUGS FOUNDATION INC		A Employer identification number 03-0406308	
Number and street (or P.O. box number if mail is not delivered to street address) 29 E MAIN STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code GOVERNEUR, NY 13642		B Telephone number (see instructions) (315) 425-7960	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 4,975,281		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,053,049			
	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 . . .	78,592	78,592	78,592	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	264,553			
	b Gross sales price for all assets on line 6a _____ 694,010				
	7 Capital gain net income (from Part IV, line 2) . . .		264,553		
	8 Net short-term capital gain			265	
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	1,396,194	343,145	78,857	
	13 Compensation of officers, directors, trustees, etc.	67,056	16,764	0	50,292
	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) . . .	5,943	0	0	0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings	1,614	484	0	1,130
	22 Printing and publications				
	23 Other expenses (attach schedule)	64,007	29,230	0	34,777
	24 Total operating and administrative expenses. Add lines 13 through 23	138,620	46,478	0	86,199
	25 Contributions, gifts, grants paid	910,731			929,823
	26 Total expenses and disbursements. Add lines 24 and 25	1,049,351	46,478	0	1,016,022
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	346,843			
	b Net investment income (if negative, enter -0-)		296,667		
				78,857	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	42,222	58,346	58,346
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ <u>78,053</u> Less: allowance for doubtful accounts ▶ _____	64,580	78,053	78,053
	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 ▶ _____			
	8 Inventories for sale or use	727	727	727
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	4,016,331	4,818,641	4,818,641
	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 ▶ _____)	31,762	19,514	19,514	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	4,155,622	4,975,281	4,975,281	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	464,008	444,915	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	0	3,513	
	23 Total liabilities (add lines 17 through 22)	464,008	448,428	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	3,691,614	4,526,853	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	3,691,614	4,526,853	
30 Total liabilities and net assets/fund balances (see instructions) .	4,155,622	4,975,281		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	3,691,614
2 Enter amount from Part I, line 27a	2	346,843
3 Other increases not included in line 2 (itemize) ▶ _____	3	488,396
4 Add lines 1, 2, and 3	4	4,526,853
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	4,526,853

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table			
b			
c			
d			
e			

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

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

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	264,553
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 }	3	265

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

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

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

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



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,016,810	4,288,164	0.237120
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

2 Total of line 1, column (d)	2	1.184426
3 Average 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	0.236885
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	4,535,607
5 Multiply line 4 by line 3	5	1,074,417
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,967
7 Add lines 5 and 6	7	1,077,384
8 Enter qualifying distributions from Part XII, line 4	8	1,016,022

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	5,933
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	5,933
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	5,933
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	2,427
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	7,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	9,427
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	3,494
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 3,494 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0 (2) On foundation managers. \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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>		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?	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>	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>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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 ► 29 EAST MAIN STREET GOUVERNEUR NY ZIP+4 ► 13642

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>			
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2019 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 2019.)	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 2019?	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:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		5b	
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<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? 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?	<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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. 				0

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION GIVES GRANTS TO ORGANIZATIONS THAT ARE DEDICATED TO HELPING IN THE SUPPORT OF QUALITY HEALTH CARE THROUGHOUT CENTRAL AND NORTHERN NEW YORK AND VERMONT.	1,016,022
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	4,474,414
b	Average of monthly cash balances.	1b	130,263
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,604,677
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	4,604,677
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	69,070
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,535,607
6	Minimum investment return. Enter 5% of line 5.	6	226,780

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 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,016,022
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,016,022
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,016,022

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____				
a Applied to 2018, 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 2019 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
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 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total	
(a) 2019	(b) 2018	(c) 2017	(d) 2016		
78,857	68,004	77,528	87,661	312,050	
b 85% of line 2a	67,028	57,803	65,899	74,512	265,243
c Qualifying distributions from Part XII, line 4 for each year listed	1,016,022	1,016,810	1,021,951	890,226	3,945,009
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.	1,016,022	1,016,810	1,021,951	890,226	3,945,009

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets 0

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) 0

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

151,187	142,939	131,788	121,567	547,481
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c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 0

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). 0

(3) Largest amount of support from an exempt organization 0

(4) Gross investment income 0

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV

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
GOUVERNEUR, 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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	929,823
b <i>Approved for future payment</i> See Additional Data Table				
Total			3b	240,000

Enter gross amounts unless otherwise indicated.

[illegible]

Part XVII

		Yes	No
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1a(1)		No
1a(2)		No

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1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)	No
--------------	-----------

1b(6)		No
--------------	--	-----------

1c		No
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[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

<p>Sign Here</p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2020-09-23</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	SHANNON T FORKIN CPA		2020-09-23		
	Firm's name ► DANNIBLE & MCKEE LLP				Firm's EIN ► 33-0996661
	Firm's address ► 221 SOUTH WARREN ST SYRACUSE, NY 13202				Phone no. (315) 472-9127

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

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.)
WILLMINGTON US GOVT MONEY MKT	P		2019-12-31
VANGUARD CONSUMER DISCRETIONARY ETF	P		2019-08-12
VANGUARD FINANCIALS ETF	P		2019-08-12
VANGUARD HEALTH CARE ETF	P		2019-08-12
VANGUARD INDUSTRIALS ETF	P		2019-08-12
VANGUARD INFORMATION TECHNOLOGY ETF	P		2019-08-12
VANGUARD MATERIALS ETF	P		2019-08-12
VANGUARD CONSUMER STAPLES ETF	P		2019-11-08
VANGUARD ENERGY ETF	P		2019-11-08
VANGUARD FINANCIALS ETF	P		2019-11-08

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
97,179		97,179	0
18,723		13,358	5,365
13,888		11,600	2,288
6,142		4,725	1,417
7,323		5,689	1,634
24,084		12,239	11,845
1,735		1,643	92
1,707		1,496	211
1,504		1,464	40
1,256		856	400

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			0
			5,365
			2,288
			1,417
			1,634
			11,845
			92
			211
			40
			400

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.)
VANGUARD UTILITIES ETF	P		2019-11-08
ALTRIA GROUP INC	P		2019-11-18
BIOGEN, INC	P		2019-11-18
BOEING CO COM	P		2019-11-18
CATERPILLAR INC	P		2019-11-18
GILEAD SCIENCES INC	P		2019-11-18
JANUS ENTERPRISE	P		2019-11-18
PEPSICO INC	P		2019-11-18
STARBUCKS CORP COM	P		2019-11-18
VISA INC	P		2019-11-18

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,917		1,552	365
14,339		9,705	4,634
101,784		91,288	10,496
149,486		28,490	120,996
43,295		25,331	17,964
19,501		30,433	-10,932
71,513		52,604	18,909
40,248		20,829	19,419
28,667		7,709	20,958
35,893		7,486	28,407

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			365
			4,634
			10,496
			120,996
			17,964
			-10,932
			18,909
			19,419
			20,958
			28,407

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.)
BANCO BILBAO VIZCAYA ARGENTARIA ADR	P		2019-12-16
COMMERCE BANCSHARES	P		2019-12-30
CAPITAL GAINS DIVIDENDS	P		

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,948		3,727	221
58		54	4
9,820			9,820

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			221
			4
			9,820

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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				
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				
WARREN WOLFSON	DIRECTOR 2.00	0	0	0
3612 BLACK BRANT DRIVE LIVERPOOL, NY 13090				
TRACEY STOFFEL	EXECUTIVE DIRECTOR 40.00	67,056	0	0
POBOX 122 MORRISTOWN, NY 13664				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACCESS TO INDEPENDENCE OF CORTLAND COUNTY 26 NORTH MAIN STREET CORTLAND, NY 13045	N/A	PC	SPONSORSHIP OF UNIVERSAL ACCESS DINNER	500
ACCESSCNY1603 COURT STREET SYRACUSE, NY 13208	N/A	PC	SPONSORSHIP FOR ANYTHING THAT ROLLS!	1,000
ACR HEALTH627 WEST GENESEE ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP FOR 2020 FUNDRAISING EVENTS	6,000
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACS RIVER ROMPERS34 BOLTON AVE ALEXANDRIA BAY, NY 13601	N/A	PC	SPONSORSHIP FOR RACE FOR A CURE	500
ADDISON COUNTY HOME HEALTH AND HOSPICE PO BOX 754 MIDDLEBURY, VT 05753	N/A	PC	GRANT TO PURCHASE TOYS & GAMES FOR PEDIATRIC PATIENTS	750
ADIRONDACK MEDICAL CENTER PO BOX 120 SARANAC LAKE, NY 12983	N/A	PC	SPONSORSHIP: GALA & GOLF	15,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ADVOCATES636 LIVERPOOL ROAD LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP: STROLL & ROLL 5K WALK/RUN	500
AGE WELL76 PEARL STREET STE 201 ESSEX JUNCTION, VT 05452	N/A	PC	MARCH FOR MEALS	500
ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVE ALBANY, NY 12208	N/A	PC	DONATION	40,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALICE HYDE MEDICAL CENTER 133 PARK STREET MALONE, NY 12953	N/A	PC	SPONSORSHIP OF GOLF TOURNAMENT & GALA	5,000
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
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION OF CNY 441 KIRKPATRICK STREET SYRACUSE, NY 13204	N/A	PC	DONATION	6,000
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
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 6390 FLY ROAD 2ND FLOOR SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP: CNY TOUR DE CURE	2,000
AMERICAN HEART ASSOCIATION PO BOX 3049 SYRAUSE, NY 13220	N/A	PC	DONATION	52,000
AMERICAN RED CROSS 344 W GENESEE STREET SYRACUSE, NY 13202	N/A	PC	SPONSORSHIP FOR GALA ANDREAL HEROES BREAKFAST	10,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARC OF ONONDAGA FOUNDATION 600 S WILBUR ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP	3,000
ARTHRITIS FOUNDATION 3300 MONROE AVENUE SUITE 319 ROCHESTER, NY 14618	N/A	PC	SPONSORSHIP OF THE JINGLE BELL WALK/RUN	500
AUTISM ALLIANCE OF NORTHEASTERN NEW YORK PO BOX 1884 PLATTSBURGH, NY 12901	N/A	PC	SPONSORSHIP OF AUTISM AWARENESS WALK	150
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BRAIN INJURY ASSOCIATION OF VERMONT PO BOX 482 WATERBURY, VT 05676	N/A	PC	SPONSORSHIP OF ANNUAL WALK FOR THOUGHT	500
BRETHREN VILLAGE3001 LITITZ PIKE LITITZ, PA 17543	N/A	PC	GRANT: GATHERING FOR GENERATIONS CAPITAL CAMPAIGN	5,000
CARE PROGRAMURMC 500 RED CREEK DRIVE SUITE 220 ROCHESTER, NY 14623	N/A	PC	CARE AFTER CANCER	500
Total ► 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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 FOR WINTER WEEKEND & TEE OFF FORE CAMP	1,000
CAMP THORPEPO BOX 82 SHELBURNE, VT 05482	N/A	PC	SPONSORSHIP FOR THE HEALTHY SLEEP PROJECT	100
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANCER PATIENTS SUPPORT PROGRAM PO BOX 1804 WILLISTON, VT 05495	N/A	PC	SPONSORSHIP OF CULINARY CLASSIC	500
CANCER RESOURCE CENTER OF THE FINGER LAKES 612 W STATE STREET ITHACA, NY 148503308	N/A	PC	SPONSORSHIP FOR WALKATHON & 5K RUN	500
CANTON POTSDAM HOSPITAL FOUNDATION 50 LEROY ST CANTON, NY 13676	N/A	PC	SPONSORSHIP OF ONCE UPON A SUMMER NIGHT	1,500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CANTON POTSDAM HOSPITAL GUILD PO BOX 5184 POTSDAM, NY 13676	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	1,500
CARTHAGE AREA HOSPITAL 1001 WEST STREET CARTHAGE, NY 13619	N/A	PC	SPONSORSHIP FOR CARTHAGE SAVINGS GOLF CLASSIC	2,500
CASTLETON COMMUNITY SENIORS INC 2108 MAIN STREET CASTLETON, VT 05735	N/A	PC	15TH ANNUAL GOLF OUTING	200
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATHOLIC CHARITIES OF ONONDAGA COUNTY 1654 WEST ONONDAGA ST SYRACUSE, NY 13204	N/A	PC	SPONSORSHIP OF HOUSE OF PROVIDENCE DINNER	1,000
CENTRAL NEW YORK ADULT HOMES INC 8939 OAKLAND STREET WEEDSPORT, NY 13066	N/A	PC	SPONSORSHIP OF SPRING FLING	500
CENTRAL VERMONT ADULT BASIC EDUCATION INC 46 WASHINGTON STREET SUITE 100 DRIVE BARRE, VT 05641	N/A	PC	GRANT FOR ADULT EDUCATION & LITERACY PROGRAMS	500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHAMPLAIN COMMUNITY SERVICES INC 512 TROY STREET COLCHESTER, NY 05446	N/A	PC	SPONSORSHIP FOR ANNUAL LUNCH & AWARDS PRESENTATION	500
CHARITY FOR CHILDREN INC PO BOX 204 SYRACUSE, NY 13026	N/A	PC	SPONSORSHIP FOR FOOT LOOSE IN THE CUSE!	1,000
CHILDREN'S HOME OF JEFFERSON COUNTY 253 STATE STREET WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	2,500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S MIRACLE NETWORK 205 W 700 S SALT LAKE CITY, UT 84101	N/A	PC	CMN FUNDRAISING CAMPAIGN	237,563
CLAXTON-HEPBURN MEDICAL CENTER AUXILIARY 214 KING STREET OGDENSBURG, NY 13669	N/A	PC	SPONSORSHIP OF ANNUAL FESTIVAL OF THE TREES	12,000
CNY BRAIN ANEURYSM AWARENESS CAMPAIGN 5793 PINWHEEL CIRCLE EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP FOR MELT AWAY THE WINTER BLUES	1,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH CENTER OF THE NORTH COUNTRY 4 COMMERCE LANE CANTON, NY 13617	N/A	PC	FIRST ANNUAL ARTIC GOLF	250
COMMUNITY MEMORIAL HOSPITAL 150 BROAD STREET HAMILTON, NY 13346	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	4,000
COPLEY FOUNDATION 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661	N/A	PC	SPONSORSHIP: VERMONT TASTE	500
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CORTLAND MEMORIAL FOUNDATION 134 HOMER AVENUE CORTLAND, NY 13045	N/A	PC	SPONSORSHIP OF ANNUAL CMF GOLF CLASSIC	2,500
CORTLANDVILLE FIRE DEPARTMENT 3689 DELAWARE AVE CORTLAND, NY 13045	N/A	PC	DONATION	500
CROHN'S & COLITIS FOUNDATION 2117 BUFFALO ROAD 299 ROCHESTER, NY 14624	N/A	PC	DONATION	5,500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	N/A	PC	SPONSORSHIP OF TRIBUTE EVENING & POLO FOR PREEMIES	6,000
CROUSE HOSPITAL736 IRVING AVE SYRACUSE, NY 13210	N/A	PC	DONATION	50,000
CYSTIC FIBROSIS FOUNDATION CNY 2507 JAMES ST SYRACUSE, NY 13206	N/A	PC	DONATION	4,000
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISABLED PERSONS ACTION ORGANIZATION 617 DAVIDSON ST BOX 222 WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF SUMMER CONCERT SERIES	11,000
DONOR FAMILY NETWORK SOUTH STREET ROAD MARCELLUS, NY 13108	N/A	PC	SPONSORSHIP OF CASINO NIGHT	1,000
ELDERCARE FOUNDATION INC 1050 WEST GENESEE STREET SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF LEGACY LUNCHEON	2,500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ELIZABETHTOWN COMMUNITY HOSPITAL 75 PARK STREET ELIZABETHTOWN, NY 12932	N/A	PC	SPONSORSHIP OF WALK/RUN	6,500
ELIZABETHTOWN-LEWIS EMERGENCY SQUAD INC PO BOX 443 ELIZABETHTOWN, NY 12932	N/A	PC	GRANT FOR PIG ROAST FUNDRAISER	500
FAIRPORT BAPTIST HOME FOUNDATION 4646 FAIRPORT NINE MILE POINT ROAD FAIRPORT, NY 14450	N/A	PC	DONATION	5,000
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAITH IN ACTION 101 MAIN ST PO BOX 515 LYDONVILLE, VT 05851	N/A	PC	FREE FOOD SHARE PROGRAM	500
FAMILY AND CHILDREN'S SERVICES OF ITHACA 127 W STATE ST ITHACA, NY 14850	N/A	PC	SPONSORSHIP FOR PEACE OF MIND EVENT	1,000
FARMINGTON PRESBYTERIAN MANOR 500 CAYCE STREET FARMINGTON, MO 63640	N/A	PC	SPONSORSHIP OF ANNUAL FUNDRAISER DINNER AND DONATION	5,500
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FESTIVAL FOODS TURKEY TROT 1702 LAWRENCE DRIVE DE PERE, WI 54115	N/A	PC	SPONSORSHIP	3,000
FINGER LAKES HEALTH FOUNDATION 196 NORTH STREET GENEVA, NY 14456	N/A	PC	DONATION	10,000
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	N/A	PC	SPONSORSHIP OF FOOD BANK GOLF OPEN	1,000
Total ▶ 3a				929,823

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOODNET MEALS ON WHEELS 2422 NORTH TRIPHAMMER ROAD ITHACA, NY 14850	N/A	PC	SPONSORSHIP FOR MAC N CHEESE BOW AND DONATION	1,000
FOUNDATION OF CVPH MEDICAL CENTER 75 BEEKMAN STREET PLATTSBURGH, NY 12901	N/A	PC	DIAMONDS & GALA	2,500
FRANCIS HOUSE INC108 MICHAELS AVE SYRACUSE, NY 13208	N/A	PC	SPONSORSHIP OF THERE'S NO PLACE LIKE HOME	3,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
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
GIFFORD MEDICAL CENTER 44 SOUTH MAIN STREET RANDOLPH, VT 05060	N/A	PC	LAST MILE RIDE	1,250
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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	SPONSORSHIP FOR CRITICAL CARE TRANSPORT TRAINING	2,000
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>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
HELPING HANDS OF POTSDAM PO BOX 92 HANNAWA FALLS, NY 13647	N/A	PC	SPONSORSHIP OF CINDY TALCOTT MEMORIAL GOLF TOURNAMENT	500
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
HITS FOR HOPE INC186 GRANNIS ROAD CANSTANTIA, NY 13044	N/A	PC	DONATION	100
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOPE FOR HEATHERPO 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 AND SEPTEMBER SONG	1,050
Total ▶ 3a				929,823

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOSPICE OF JEFFERSON COUNTY 1398 GOTHAM STREET WATERTOWN, NY 13220	N/A	PC	SPONSORSHIP OF CINDERELLA BALL, REGATTA DINNER, AND SWING FOR HOPE	5,000
HOSPICE OF ST LAWRENCE VALLEY INC 6805 US HIGHWAY 11 POTSDAM, NY 13676	N/A	PC	SPONSORSHIP	5,000
HUDSON HEADWATERS HEALTH FOUNDATION 9 CAREY ROAD QUEENSBURY, NY 12804	N/A	PC	SPONSORSHIP OF ANNUAL COMMUNITY CHAMPIONS DINNER	2,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
I AM NOT ALONE 419 ISLAND BRANCH ROAD GOUVERNEUR, NY 13642	N/A	PC	ANNUAL FUNDRAISER	500
JEFFERSON REHABILITATION CENTER 380 GAFFNEY DR POB 41 WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP	26,000
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
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
JUVENILE DIABETES RESEARCH FOUNDATION 100 METROPOLITAN PARK DRIVE SUITE 400 LIVERPOOL, NY 13088	N/A	PC	SPONSORSHIP OF ONE WALK IN SYRACUSE	1,500
LIFE INC725 E KARSCH BLVD FARMINGTON, MO 63640	N/A	PC	SPONSORSHIP OF MASQUERADE BALL	350
LEARNING DISABILITIES ASSOCIATION OF CNY 212 EAST MANLIUS ST EAST SYRACUSE, NY 13057	N/A	PC	DONATION	2,250
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
LEWIS COUNTY HOSPITAL FOUNDATION 7785 N STATE ST LOWVILLE, NY 13367	N/A	PC	SPONSORSHIP	9,500
LEWIS COUNTY SEARCH AND RESCUE 7782 WEST STATE ST LOWVILLE, NY 13367	N/A	PC	DONATION	1,000
LIFESPAN OF GREATER ROCHESTER INC 1900 SOUTH CLINTON AVE ROCHESTER, NY 14618	N/A	PC	DONATION	3,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
LITTLE FALLS HOSPITAL 140 BURWELL STREET LITTLE FALLS, NY 13365	N/A	PC	GRANT: DOLGEVILLE PRIMARY CARE CLINIC	25,000
LUND50 JOY DRIVE SOUTH BURLINGTON, VT 05403	N/A	PC	DONATION	1,000
MAKE-A-WISH CENTRAL NEW YORK 5005 CAMPUSWOOD DR EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF BREAKFAST FOR WISHES	2,500
Total ▶ 3a				929,823

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a <i>Paid during the year</i>				
MARCH OF DIMES 329 NORTH SALINA STREET 304 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF MARCH FOR BABIES	2,500
MASSENA MEMORIAL HOSPITAL FOUNDATION 1 HOSPITAL DRIVE MASSENA, NY 13662	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	1,000
MCMAHON RYAN CHILD ADVOCACY SITE 601 EAST GENESEE STREET SYRACUSE, NY 13220	N/A	PC	SPONSORSHIP OF 2017 PINWHEEL GALA	1,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
MINOA VOLUNTEER FIRE DEPARTMENT 240 N MAIN ST MINOA, NY 13116	N/A	PC	SPONSORSHIP OF MEMORIAL GOLF TOURNAMENT	250
MOHAWK VALLEY HEALTH SYSTEMS FOUNDATION 1676 SUNSET AVENUE UTICA, NY 13502	N/A	PC	ANNUAL GOLF OPEN	2,500
MULTIPLE SCLEROSIS RESOURCES OF CNY PO BOX 237 6743 KINNE ST EAST SYRACUSE, NY 13057	N/A	PC	DONATION	4,750
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
MUSCLAR DYSTROPHY ASSOCIATION 6315 FLY ROAD SUITE 102 EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF THE MUSCLE WALKS	1,000
NAMI OF SYRACUSE917 AVERY AVE SYRACUSE, NY 13204	N/A	PC	MENTAL HEALTH RECOVERY TREE	1,000
NATIONAL KIDNEY FOUNDATION OF CNY 731 JAMES ST SUITE 408 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF KIDNEY WALK	1,500
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL MS SOCIETY - UPSTATE NY CHAPTER 1000 ELMWOOD AVE 900 ROCHESTER, NY 14620	N/A	PC	SPONSORSHIP OF WALKS	2,500
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
NORTH AREA MEALS ON WHEELS INC 413 CHURCH STREET NORTH SYRACUSE, NY 13212	N/A	PC	DONATION	500
Total ▶ 3a				929,823

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a <i>Paid during the year</i>				
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	2,000
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
Total ▶ 3a				929,823

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Name and address (home or business)				
a Paid during the year				
NORTHERN NEW YORK COMMUNITY FOUNDATION 131 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	SALAD SPONSOR FOR TASTE OF THE TOWN	1,000
OSWEGO COUNTY OPPORTUNITIES INC 239 ONEIDA ST FULTON, NY 13069	N/A	PC	SPONSORSHIP OF SAVE OUR SHELTER BOWL-A-FUN AND GIVING THANKS EVENT	1,000
OSWEGO HEALTH FOUNDATION 110 WEST 6TH ST OSWEGO, NY 13126	N/A	PC	SPONSORSHIP OF RUN & GALA	10,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
PAIGE'S BUTTERFLY RUN 50 PRESIDENTIAL PLAZA SUITE 106 SYRACUSE, NY 13202	N/A	PC	DONATION	5,000
PARKINSON'S GLOBAL PROJECT INC 7652 SENECA BEACH DRIVE BALDWINVILLE, NY 13027	N/A	PC	LEARNING & MOVEMENT DAY	1,000
PATHWAYS VERMONT INC 125 COLLEGE ST END FLOOR BURLINGTON, VT 05601	N/A	PC	SPONSORSHIP OF ANNUAL BREAKFAST FUNDRAISER	1,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
PREVENT CHILD ABUSEPO BOX 829 MONTPELIER, VT 05601	N/A	PC	SPONSORSHIP OF WALK/RUN FOR CHILDREN	1,000
RESCUE MISSION ALLIANCE OF SYRACUSE 155 GIFFORD ST SYRACUSE, NY 13202	N/A	PC	SPONSORSHIP OF SADA CHARITY PREVIEW AND FREEZE OUT 5K WALK/RUN	6,000
RIVER HOSPITAL4 FULLER ST ALEXANDRIA BAY, NY 13607	N/A	PC	DONATION	6,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
ROCHESTER PRESBYTERIAN HOME 256 THURSTON RD ROCHESTER, NY 14619	N/A	PC	DONATION	5,000
RYAN'S WISH FOUNDATION 129 ROWLEY ST GOUVERNEUR, NY 13642	N/A	PC	DONATION	2,500
SAMARITAN AUXILIARY 43000 COUNTY ROUTE 100 WELLESLEY ISLAND, NY 13640	N/A	PC	SPONSORSHIP	1,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
SAMARITAN FOUNDATION OF NNY 830 WASHINGTON ST WATERTOWN, NY 13601	N/A	PC	DONATION	58,600
SARAH'S GUEST HOUSE 100 ROBERTS AVE SYRACUSE, NY 13207	N/A	PC	SPONSORSHIP OF A GALA OF GIVING	2,000
SPECIAL NEEDS SUPPORT CENTER 20 WEST PARK STREET SUITE 310 LEBANON, NH 03766	N/A	PC	DONATION	500
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
SPRINGBROOK105 CAMPUS DRIVE ONEONTA, NY 13820	N/A	PC	SPONSORSHIP OF AN EVENING OF MUSIC AT THE MORGAN LIBRARY & MUSEUM	2,000
SPRINGFIELD MEDICAL CARE SYSTEMS PO BOX 2003 SPRINGFIELD, VT 05156	N/A	PC	SPONSORSHIP OF ANNUAL GOLF CHALLENGE	1,000
ST CAMILLUS FOUNDATION813 FAY RD SYRACUSE, NY 13219	N/A	PC	SPONSORSHIP OF FASHION SHOW AND LUNCHEON	750
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
ST JOSEPH'S HEALTH FOUNDATION 973 JAMES STEET SUITE 250 SYRACUSE, NY 13203	N/A	PC	SPONSORSHIP OF GALA DINNER	5,000
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
SYRACUSE COMMUNITY HEALTH CENTER 819 SOUTH SALINA ST SYRACUSE, NY 13202	N/A	PC	A CELEBRATION OF CARE GALA	1,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
TEEN CHALLENGE VERMONT 1296 COLLINS HILL ROAD JOHNSON, VT 05656	N/A	PC	SPRING & FALL GALA	1,500
THE CARE PROJECT716 STALEY COURT RALEIGH, NC 27609	N/A	PC	ANNUAL GALA SPONSORSHIP	1,010
THE CHARLES T SITRIN HEALTH CARE CENTER 2050 TILDEN AVENUE PO BOX 1000 NEW HARTFORD, NY 13413	N/A	PC	DONATION	3,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE FOUNDATION OF ST MARY'S HEALTHCARE 427 GUY PARK AVENUE AMSTERDAM, NY 12010	N/A	PC	DONATION	1,000
THE KARA FUND 5827 AUGSBURG CIRCLE EAST SYRACUSE, NY 13057	N/A	PC	SPONSORSHIP OF OPEN YOUR HEARTS TO CHILDREN DINNER	5,000
THE UNITED FOUNDATIONPO BOX 3049 SYRACUSE, NY 13220	N/A	PC	DONATION	10,000
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
THE VERMONT CHILDREN'S TRUST FOUNDATION 95 ST PAUL STREET SUITE 330 BURLINGTON, VT 05401	N/A	PC	THE POLAR EXPRESS	1,000
UNITED CEREBRAL PALSY 4 COMMERCE LANCE CANTON, NY 13617	N/A	PC	DONATION	2,000
UNITED WAY OF GREATER OSWEGO COUNTY 1 S 1ST ST FULTON, NY 13069	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	500
Total ▶ 3a				929,823

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Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF VERMONT MEDICAL CENTER 1 SOUTH PROSPECT STREET BURLINGTON, VT 05401	N/A	PC	DONATION	51,000
UPSTATE FOUNDATION INC 750 E ADAMS STREET SYRACUSE, NY 13210	N/A	PC	DONATION	20,000
UPSTATE MEDICAL UNIVERSITY OASIS 6333 ROUTE 298 SUITE 110 SYRACUSE, NY 13057	N/A	PC	LIVING HEALTHY PROGRAM	1,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UTICA CENTER FOR DEVELOPMENT 210 FRANKLIN STREET WATERTOWN, NY 13601	N/A	PC	DONATION	500
UVM NETWORK HOME HEALTH & HOSPICE 1110 PRIM ROAD COLCHESTER, VT 05446	N/A	PC	DONATION	750
VALLEY RESIDENTIAL SERVICES INC 690 WEST GERMAN ST HERKIMER, NY 13350	N/A	PC	WELLNESS FAIR AND DONATION	5,500
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VERA HOUSE INC 6181 THOMPSON RD STE 100 SYRACUSE, NY 13206	N/A	PC	SPONSORSHIP: 23RD ANNUAL WHITE RIBBON CAMPAIGN	10,000
VERMONT ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED 60 KIMBALL STREET SOUTH BURLINGTON, VT 05403	N/A	PC	SPONSORSHIP OF 2017-2018 VABVI CORPORATE PARTNERSHIP PROGRAM	2,000
VERMONT CARES 187 SAINT PAUL STREET BURLINGTON, VT 05402	N/A	PC	SPONSORSHIP OF CHAMP RIDE FOR HIV PREVENTION	1,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VERMONT FOODBANK33 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
VOLUNTEER CENTER OF JEFFERSON COUNTY 203 NORTH HAMILTON ST WATERTOWN, NY 13601	N/A	PC	SPONSORSHIP OF ANNUAL GOLF TOURNAMENT	1,000
Total ▶ 3a				929,823

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VOLUNTEER TRANSPORTATION CENTER 19 HODSKIN ST CANTON, NY 13617	N/A	PC	DONATION	1,000
WESTCOTT AREA CULTURAL COALITION 826 EUCLID AVENUE SYRACUSE, NY 13210	N/A	PC	SPONSORSHIP OF CULTURAL FAIR	250
WILDERNESS HEALTHCARE FOUNDATION 1014 OSWEGATCHIE TRAIL STAR LAKE, NY 13690	N/A	PC	DONATION	1,750
Total ▶ 3a				929,823

TY 2019 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	4,818,641	4,818,641

TY 2019 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.	29,332	19,514	19,514
EXCISE TAX RECEIVABLE	2,430	0	0

TY 2019 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	29,230	29,230	0	0
FUNDRAISING EVENT EXPENSES	19,112	0	0	19,112
MISCELLANEOUS	9,030	0	0	9,030
BAD DEBT EXPENSE	1,500	0	0	1,500
ADVERTISING	165	0	0	165
BANK FEES	3,129	0	0	3,129
MATERIALS AND SUPPLIES	330	0	0	330
MEALS AND ENTERTAINMENT	106	0	0	106
SERVICE CONTRACT EXPENSE	1,130	0	0	1,130
NYS FILING FEE	275	0	0	275

TY 2019 Other Increases Schedule

Name: KINNEY DRUGS FOUNDATION INC
EIN: 03-0406308

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	488,396

TY 2019 Other Liabilities Schedule**Name:** KINNEY DRUGS FOUNDATION INC**EIN:** 03-0406308

Description	Beginning of Year - Book Value	End of Year - Book Value
EXCISE TAX PAYABLE	0	3,513

TY 2019 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	5,943	0	0	0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
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	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 990PF, Part I, line 2, to certify that it doesn't 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 _____ _____	\$ _____	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.)

Name of organization KINNEY DRUGS FOUNDATION INC	Employer identification number 03-0406308
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Additional Data

Software ID:
Software Version:
EIN: 03-0406308
Name: KINNEY DRUGS FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	KPH HEALTHCARE SERVICES INC	\$ 5,000	Person <input checked="" type="checkbox"/>
	29 EAST MAIN STREET		Payroll <input type="checkbox"/>
	GOUVERNEUR, NY 13642		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	MCKESSON CORP	\$ 21,500	Person <input checked="" type="checkbox"/>
	6555 NORTH STATE HWY 161		Payroll <input type="checkbox"/>
	IRVING, TX 75039		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	PEPSI BEVERAGES COMPANY	\$ 22,200	Person <input checked="" type="checkbox"/>
	6010 TARBELL ROAD		Payroll <input type="checkbox"/>
	SYRACUSE, NY 13206		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	COCA COLA ENTERPRISES	\$ 10,000	Person <input checked="" type="checkbox"/>
	471 MAIN STREET		Payroll <input type="checkbox"/>
	EAST HARTFORD, CT 06118		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	LIBERTY MUTUAL GROUP INC	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO BOX 1525		Payroll <input type="checkbox"/>
	DOVER, NH 038211525		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	SAMARITAN MEDICAL CENTER	\$ 7,000	Person <input checked="" type="checkbox"/>
	830 WASHINGTON STREET		Payroll <input type="checkbox"/>
	WATERTOWN, NY 13601		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	EMERSON HEALTHCARE	\$ 7,000	Person <input checked="" type="checkbox"/>
	407 EAST LANCASTER AVENUE		Payroll <input type="checkbox"/>
	WAYNE, PA 19087		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>8</u>	MYLAN PHARMACEUTICALS	\$ 10,000	Person <input checked="" type="checkbox"/>
	100 MYLAN BOULEVARD		Payroll <input type="checkbox"/>
	CANONSBURG, PA 15317		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>9</u>	ONEGROUP NY	\$ 22,800	Person <input checked="" type="checkbox"/>
	706 N CLINTON STREET		Payroll <input type="checkbox"/>
	SYRACUSE, NY 13204		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>10</u>	CRAIG AND JULIANNE PAINTER	\$ 50,000	Person <input checked="" type="checkbox"/>
	PO BOX 541		Payroll <input type="checkbox"/>
	CARMEL VALLEY, CA 93924		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>11</u>	HYDE-STONE MECHANICAL CONTRACTORS INC	\$ 7,000	Person <input checked="" type="checkbox"/>
	22962 MURROCK CIRCLE		Payroll <input type="checkbox"/>
	WATERTOWN, NY 13601		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>12</u>	SCRIPTSAVE	\$ 10,000	Person <input checked="" type="checkbox"/>
	4911 EAST BROADWAY BLVD		Payroll <input type="checkbox"/>
	TUSCON, AZ 85711		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AMERICAN GREETINGS	\$ 25,000	Person <input checked="" type="checkbox"/>
	ONE AMERICAN BLVD		Payroll <input type="checkbox"/>
	CLEVELAND, OH 44145		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
14	CHIMERA INTEGRATIONS INC	\$ 5,600	Person <input checked="" type="checkbox"/>
	6035 EAST TAFT ROAD		Payroll <input type="checkbox"/>
	NORTH SYRACUSE, NY 13212		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
15	FREDERICK S HAGGERTY UNITRUST	\$ 40,098	Person <input checked="" type="checkbox"/>
	505 ELMORE LANE		Payroll <input type="checkbox"/>
	WATERTOWN, NY 13601		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
16	JOSEPH C COURTRIGHT	\$ 5,000	Person <input checked="" type="checkbox"/>
	39 EDGEHILL ROAD		Payroll <input type="checkbox"/>
	LITTLE ROCK, AR 72207		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
17	M ALEXANDER	\$ 5,750	Person <input checked="" type="checkbox"/>
	7851 BUCKS RUN DRIVE		Payroll <input type="checkbox"/>
	NAPLES, FL 34120		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
18	MARK FELDSTEIN FOUNDATION	\$ 5,000	Person <input checked="" type="checkbox"/>
	6703 MONROE STREET		Payroll <input type="checkbox"/>
	SYLVANIA, OH 43560		Noncash <input type="checkbox"/> (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
<u>19</u>	SUMMIT REALTY MANAGEMENT LLC		Person <input checked="" type="checkbox"/>
	5112 W TAFT ROAD SUITE M		Payroll <input type="checkbox"/>
	LIVERPOOL, NY 13088	\$ 7,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>20</u>	WHOLESALE GROCERS INC		Person <input checked="" type="checkbox"/>
	47 OLD FERRY ROAD		Payroll <input type="checkbox"/>
	BATTLEBORO, VT 05301	\$ 5,000	Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)