

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE RITE AID FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
30 HUNTER LANE

City or town, state or province, country, and ZIP or foreign postal code
CAMP HILL, PA 17011

D Employer identification number
25-1892843

E Telephone number
(717) 972-3940

G Gross receipts \$ 16,626,017

F Name and address of principal officer
MATT SCHROEDER
30 HUNTER LANE
CAMP HILL, PA 17011

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.RITEAID.COM/COMPANY/COMMUNITY/FOUNDATION

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2001

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION RAISES FUNDS TO SUPPORT CHARITABLE ACTIVITIES IN THE VARIOUS COMMUNITIES THAT RITE AID CORPORATION SERVES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	12,920,618
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	125,120	221,113
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,569	210,828
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,191,307	14,203,595

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,192,488	7,795,839
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,198	364,358
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,470,686	8,160,197
19 Revenue less expenses Subtract line 18 from line 12	3,720,621	6,043,398

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	37,694,975
21 Total liabilities (Part X, line 26)	5,104,475	5,862,229
22 Net assets or fund balances Subtract line 21 from line 20	32,590,500	38,633,898

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2018-06-21
MATT SCHROEDER TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: GARY J DUBAS
Preparer's signature: GARY J DUBAS
Date: _____
Check if self-employed PTIN: P00252339
Firm's name: ▶ MCKONLY & ASBURY LLP Firm's EIN: ▶ 23-1909723
Firm's address: ▶ 415 FALLOWFIELD ROAD Phone no: (717) 761-7910
CAMP HILL, PA 17011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

THE FOUNDATION RAISES FUNDS TO SUPPORT CHARITABLE ACTIVITIES IN THE VARIOUS COMMUNITIES THAT RITE AID CORPORATION SERVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 8,057,459 including grants of \$ 7,795,839) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 8,057,459

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (List States), 18 (Public inspection), 19 (Schedule O), 20 (State name/address).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN EVERETT VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(2) SCOTT BERNARD VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(3) JIM COMITALE SECRETARY/DIRECTOR	2 00 40 00	X		X				0	0	0
(4) MATT SCHROEDER TREASURER/DIRECTOR	2 00 40 00	X		X				0	0	0
(5) JOCELYN CONRAD VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(6) SUSAN HENDERSON VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(7) BRYAN SHIRTLIFF VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(8) TRACY HENDERSON DIRECTOR CHARITABLE GIVING	40 00 2 00	X		X				0	183,873	8,164
(9) KERMIT CRAWFORD PRESIDENT/DIRECTOR	40 00 2 00	X		X				0	0	0
(10) GAYLE RIFE FOUNDATION MANAGER/ASSISTA	30 00 10 00			X				0	67,838	4,215

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals: 1b Sub-Total, 1c Total from continuation sheets, 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 rows (3, 4, 5) and 3 columns (Question, Yes, No) regarding compensation reporting and thresholds.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	3,086,822				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,684,832				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		13,771,654				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		221,113			221,113	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 3,086,822 of contributions reported on line 1c) See Part IV, line 18	a	2,633,250				
		b Less direct expenses	b	2,422,422			
		c Net income or (loss) from fundraising events		210,828			210,828
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			14,203,595	0	0	431,941	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,536,822	7,536,822		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	259,017	259,017		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management	306,620	261,620	45,000	
b Legal				
c Accounting	38,600		38,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,312		4,312	
12 Advertising and promotion.				
13 Office expenses.	4,482		4,482	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a STATE REGISTRATION FEES	6,574		6,574	
b MISCELLANEOUS EXPENSES	3,770		3,770	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	8,160,197	8,057,459	102,738	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,702,430	1	9,180,360
	2 Savings and temporary cash investments	29,002,767	2	31,406,406
	3 Pledges and grants receivable, net	1,371,700	3	1,607,000
	4 Accounts receivable, net		4	300,000
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	618,078	15	2,002,361
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,694,975	16	44,496,127	
Liabilities	17 Accounts payable and accrued expenses	37,275	17	38,600
	18 Grants payable	4,700,000	18	5,358,628
	19 Deferred revenue	367,200	19	465,001
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	5,104,475	26	5,862,229
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,558,946	27	6,954,699
	28 Temporarily restricted net assets	27,031,554	28	31,679,199
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	32,590,500	33	38,633,898
	34 Total liabilities and net assets/fund balances	37,694,975	34	44,496,127

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,203,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,160,197
3	Revenue less expenses Subtract line 2 from line 1	3	6,043,398
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,590,500
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,633,898

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 25-1892843

Name: THE RITE AID FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE FOUNDATION DISTRIBUTED GRANTS TO CHARITABLE ORGANIZATIONS IN THE VARIOUS COMMUNITIES IN WHICH THE RITE AID CORPORATION SERVES, AND TO ORGANIZATIONS AND INDIVIDUALS IN RESPONSE TO NATURAL DISASTERS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE RITE AID FOUNDATION

Employer identification number

25-1892843

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	8,309,576	17,156,290	12,877,831	12,920,618	13,771,654	65,035,969
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,309,576	17,156,290	12,877,831	12,920,618	13,771,654	65,035,969
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						65,035,969

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	8,309,576	17,156,290	12,877,831	12,920,618	13,771,654	65,035,969
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	11,354	52,315	125,120	221,113	409,903
9	Net income from unrelated business activities, whether or not the business is regularly carried on	212,540		383,037	145,569	210,828	951,974
10	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						66,397,846

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.950 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	97.390 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
THE RITE AID FOUNDATION

Employer identification number
25-1892843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				0

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	17,044,674
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	418,657
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,422,422
e	Add lines 2a through 2d	2e	2,841,079
3	Subtract line 2e from line 1	3	14,203,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	14,203,595

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,001,276
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	418,657
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,422,422
e	Add lines 2a through 2d	2e	2,841,079
3	Subtract line 2e from line 1	3	8,160,197
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	8,160,197

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 25-1892843

Name: THE RITE AID FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION ADHERES TO THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES (ASC 740) ASC 740 ESTABLISHES RULES FOR RECOGNIZING AND MEASURING TAX POSITIONS TAKEN IN AN INCOME TAX RETURN, INCLUDING DISCLOSURES OF UNCERTAIN TAX POSITIONS (UTPS) ASC 740 MANDATES THAT COMPANIES EVALUATE ALL MATERIAL INCOME TAX POSITIONS FOR PERIODS THAT REMAIN OPEN UNDER APPLICABLE STATUTES OF LIMITATION, AS WELL AS POSITIONS EXPECTED TO BE TAKEN IN FUTURE RETURNS THE UTP RULES THEN IMPOSE A RECOGNITION THRESHOLD ON EACH TAX POSITION A COMPANY CAN RECOGNIZE AN INCOME TAX BENEFIT ONLY IF THE POSITION HAS A "MORE LIKELY THAN NOT" (I E , MORE THAN 50 PERCENT) CHANCE OF BEING SUSTAINED ON THE TECHNICAL MERITS FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016, THE FOUNDATION HAS TAKEN NO MATERIAL TAX POSITIONS ON ITS APPLICABLE TAX FILINGS THAT DO NOT MEET THE MORE LIKELY THAN NOT THRESHOLD AS A RESULT, NO AMOUNT FOR UTPS HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR YEARS BEFORE 2014, THE FOUNDATION BELIEVES IT IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS OR STATE INCOME TAX EXAMINATIONS IN ITS SIGNIFICANT STATE TAX JURISDICTIONS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHARITABLE GOLF CLASSIC EXPENSES NETTED ON FORM 990 AS FUNDRAISING EVENT

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	CHARITABLE GOLF CLASSIC EXPENSES NETTED ON FORM 990 AS FUNDRAISING EVENT

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RITE AID FOUNDATION

Employer identification number

25-1892843

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF EVENT (event type)	DREAMSHIP BALLOON (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	5,270,072	450,000		5,720,072
2	Less Contributions	3,086,822			3,086,822
3	Gross income (line 1 minus line 2)	2,183,250	450,000		2,633,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	936,085			936,085
	7 Food and beverages	1,608			1,608
	8 Entertainment				
	9 Other direct expenses	1,031,389	453,340		1,484,729
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				210,828

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
THE RITE AID FOUNDATION

Employer identification number
25-1892843

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RELIEF TO INDIVIDUALS	137	259,017			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ORGANIZATIONS REQUESTING GRANTS PROVIDED DETAILED INFORMATION ABOUT THEIR CHARITY AND PROGRAM INCLUDING PROGRAM DESCRIPTION, FINANCIAL DATA, LIST OF OTHER DONORS, COPY OF 501(C)(3) IRS LETTER OF DETERMINATION, LIST OF BOARD MEMBERS, PROGRAM BUDGET, ETC FOUNDATION MANAGER REVIEWS ALL REQUESTS TO DETERMINE ELIGIBILITY, PROVIDES SYNOPSIS TO EACH BOARD MEMBER WHO VOTES ON GRANT DURING QUARTERLY BOARD MEETING ONCE GRANT IS PROVIDED, RECIPIENT IS ASKED TO PROVIDE OUTCOMES REPORT AFTER FUNDS ARE UTILIZED

Additional Data

Software ID:
Software Version:
EIN: 25-1892843
Name: THE RITE AID FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A FREE BIRD 146 SMITH STREET BROOKLYN, NY 11201	26-2963000	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
A PLACE CALLED HOME 2830 S CENTRAL AVE LOS ANGELES, CA 90011	95-4427291	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY FIRST SPORTS PO BOX 4235 CHICO, CA 95927	47-3852138	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ACDS 4 FERN PLACE PLAINVIEW, NY 11803	23-7175975	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT CENTER FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ADAPTIVE SPORTS FOUNDATION 100 SILVERMAN WAY WINDHAM, NY 12496	14-1823155	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAPTIVE SPORTS PROGRAM OF OHIO 2829 CLEVELAND ROAD WOOSTER, OH 44691	24-1144442	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AGAPE VILLAGES FOSTER FAMILY AGENCY 3160 CROW CANYON PLACE 120 SAN RAMON, CA 94583	68-0226944	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA CASA NETWORK 1919 OXMOOR RD 381 BIRMINGHAM, AL 35209	72-1374587	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ALONG COMES HOPE 3940-7 BROAD STREET 344 SAN LUIS OBISPO, CA 93401	46-1005173	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CHILDREN'S SOCIETY INC 44 NORTH MAIN STREET MARLBORO, NJ 07746	22-3705909	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AMERICAN RED CROSS 1804 N 6TH STREET HARRISBURG, PA 17102	53-0186605	501C3	300,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SECURITY CABINETS 6321 BURY DRIVE SUITE 19 EDEN PRAIRIE, MN 55346	46-4954209	501C3	187,080	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
AUTISMUP 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	04-3833868	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BALDWIN COUNTY CHILD ADVOCACY CENTER 16397 COUNTY ROAD 73 SUMMERDALE, AL 36580	63-0938025	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BATON ROUGE CHILDREN'S ADVOCACY CENTER 626 EAST BOULEVARD BATON ROUGE, LA 70802	26-0028918	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BE PROUD FOUNDATION 600 N JACKSON STREET STE 9 MEDIA, PA 19063	23-2712821	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BEYOND BASICS 18000 WEST NINE MILE ROAD SOUTHFIELD, MI 48075	75-2993015	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BIG BROTHERS BIG SISTERS OF OCEAN COUNTY 20 HADLEY AVENUE TOMS RIVER, NJ 08753	31-1596917	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BIG BROTHERS BIG SISTERS OF THE CAPITAL REGION 1698 CENTRAL AVENUE ALBANY, NY 12205	14-6035512	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BIT OF HOPE RANCH 5001 CR WOOD ROAD GASTONIA, NC 28056	26-3268114	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BLACK MOUNTAIN HOME FOR CHILDREN YOUTH & FAMILIES 80 LAKE EDEN ROAD BLACK MOUNTAIN, NC 28711	56-0538018	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BLIND CHILDREN'S CENTER 4120 MARATHON STREET LOS ANGELES, CA 90029	95-1656369	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF EDEN 8284 N MAIN STREET EDEN, NY 14057	33-0996412	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUB OF ELIZABETHTON CARTER COUNTY 104 HUDSON DRIVE ELIZABETHTON, TN 37643	62-0502737	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF FONTANA 7723 ALMERIA AVENUE FONTANA, CA 92336	33-0443344	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUB OF GREATER LOWELL INC 657 MIDDLESEX STREET LOWELL, MA 01851	04-2104396	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER WATERBURY 1037 EAST MAIN STREET WATERBURY, CT 06705	06-0646551	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUB OF POTTER COUNTY P O BOX 332 COUDERSPORT, PA 16915	27-1238499	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF SOUHEGAN VALLEY 56 MONT VERNON STREET MILFORD, NH 03055	02-0450773	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUB OF TROY 3670 JOHN R ROAD TROY, MI 48083	23-7390931	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF WHITTIER 7905 S GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVENUE NE BELLEVUE, WA 98004	91-0776451	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF BUFFALO INC 282 BABCOCK STREET BUFFALO, NY 14210	16-0849516	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF EMERALD VALLEY 1545 WEST 22ND AVENUE EUGENE, OR 97405	93-1264722	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF FRESNO COUNTY 540 N AUGUSTA STREET FRESNO, CA 93701	94-1149171	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF GREAT LAKES BAY REGION 303 W LAFAYETTE BAY CITY, MI 48706	38-1648580	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF GREATER REDLANDS-RIVERSIDE 1251 CLAY STREET REDLANDS, CA 92374	95-6187083	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF GREATER SALT LAKE 669 S 200 E SALT LAKE CITY, UT 84111	87-0304654	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF GREATER SAN DIEGO 4635 CLAIREMONT MESA BLVD SAN DIEGO, CA 92117	95-1865988	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF HARRISONBURG AND ROCKINGHAM COUNTY 620 SIMMS AVENUE HARRISONBURG, VA 22802	54-1652418	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF KING COUNTY 9453 COPPERTOP LOOP NE BAINBRIDGE ISLAND, WA 98110	91-0532600	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF LA HABRA 1211 FAHRINGER WAY LA HABRA, CA 90631	95-1922180	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF METRO DENVER 2017 WEST 9TH AVENUE DENVER, CO 80204	91-0532600	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF METROWEST 169 PLEASANT STREET MARLBOROUGH, MA 01752	04-2387225	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SOUTHEAST LOUISIANA 320 N CARROLLTON AVENUE NEW ORLEANS, LA 70119	72-0648695	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF THE COASTAL PLAIN 621 W FIRE TOWER ROAD WINTERVILLE, NC 28590	56-0927694	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF THE TAR RIVER REGION 301 SOUTH CHURCH ST STE 290 ROCKY MOUNT, NC 27802	56-0934910	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 44306	34-1351557	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF WAKE COUNTY 721 N RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS AND GIRLS CLUBS OF SKAGIT COUNTY 915 MCGARIGLE ROAD SEDROWOOLLEY, WA 98284	91-1670669	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BRAVE HEART CHILDREN IN NEED 3636 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816	83-0400324	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CAITLIN'S SMILES 3303 NORTH 6TH STREET HARRISBURG, PA 17110	56-2261539	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP DREAMCATCHER 148 WEST STATE STREET KENNETT SQUARE, PA 19348	23-2980323	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CAMP GOOD DAYS & SPECIAL TIMES 6430 TRANSIT ROAD DEPEW, NY 14043	22-2329654	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAMP SUNSHINE INC 1850 CLAIRMONT ROAD DECATUR, GA 30033	58-1872217	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CAMP SUREFIRE FOUNDATION 290 HOPE ST BRISTOL, RI 02809	26-4816130	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CAROLINA CHILDREN'S CHARITY P O BOX 30068 CHARLESTON, SC 29417	57-0878058	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CARRIAGE BARN EQUESTRIAN CENTER THERAPEUTIC RIDING PROGRAM INC 8 SARAH WAY NEWTON, NH 03858	05-0526877	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA FOR CHILDREN OF ESSEX COUNTY 212 WASHINGTON STREET ROOM 912 NEWARK, NJ 07102	22-2745450	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CASA OF BRACKEN FLEMING & MASON COUNTIES 100 W 3RD STREET MAYSVILLE, KY 41056	61-1322742	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA OF SAN BERNARDINO COUNTY 851 S MOUNT VERNON SUITE 7A COLTON, CA 92324	33-0362613	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CASA PACIFICA CENTERS FOR CHILDREN AND FAMILIES 1722 S LEWIS ROAD CAMARILLO, CA 93012	77-0195022	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CASA-THE VOICE FOR CLINTON COUNTY'S CHILDREN 107 N CLINTON AVENUE SUITE A ST JOHNS, MI 48879	46-4768200	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CENTER FOR CHILDREN INC 6100 RADIO STATION ROAD LAPLATA, MD 20646	52-1631026	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHARITY FOR CHILDREN PO BOX 204 SYRACUSE, NY 13206	57-1192974	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHELSEA HICKS FOUNDATION 14865 SW 74TH AVENUE TIGARD, OR 97224	27-0869273	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD ADVOCACY CENTER OF LAPEER COUNTY 15 EAST GENESEE ROAD LAPEER, MI 48446	32-0262892	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILD ADVOCACY CENTER OF THE NINTH JUDICIAL DISTRICT OF TN 887 HIGHWAY 70 W LENOIR CITY, TN 37771	62-1846638	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILD DEVELOPMENT INC 2880 POTTSVILLE MINERSVILLE HW MINERSVILLE, PA 17954	23-2212539	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILD SAFE MICHIGAN 4415 SPRINGER AVENUE ROYAL OAK, MI 48073	47-2481411	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY 58 ARCH STREET FALL RIVER, MA 02724	04-3135548	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S ADVOCACY CENTER OF THE GREEN RIVER DISTRICT 537 S GREEN STREET HENDERSON, KY 42420	61-1243504	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDRENS CHANCE 13 SURREY COURT SUITE 200 COLUMBIA, SC 29212	58-2283832	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S DEVELOPMENTAL CENTER 1549 GEORGIA AVENUE SE RICHLAND, WA 99352	91-0876634	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HEALTH INVESTMENT PROGRAM 1302 JEFFERSON STREET CHESAPEAKE, VA 23324	54-1893166	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S HOME SOCIETY OF CALIFORNIA 7200 BANCROFT AVENUE OAKLAND, CA 94605	95-1690976	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S HOME SOCIETY OF WASHINGTON 2611 NE 125TH STREET SEATTLE, WA 98125	91-0575955	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S LIFESAVING FOUNDATION 1112 MONTANA AVENUE SANTA MONICA, CA 90403	95-4371286	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S MIRACLE NETWORK HOSPITALS 205 W 700 S SALT LAKE CITY, UT 84101	87-0387205	501C3	563,550	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CHILDREN'S RIGHTS COLLABORATIVE OF NORTHWEST OHIO 4069 W SYLVANIA AVENUE TOLEDO, OH 43623	52-2094990	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CJ'S THUMBS UP FOUNDATION PO BOX 854 ASHLAND, VA 23005	27-1470541	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COACHELLA VALLEY AUTISM SOCIETY 77564 COUNTRY CLUB DRIVE BUILDING B SUITE 363 PALM DESERT, CA 92211	33-0823647	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COASTAL PERFORMING ARTS FOUNDATION 1030 HUSTON STREET GROVER BEACH, CA 93433	27-3505139	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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COASTAL THERAPEUTIC RIDING PROGRAM 8120 SIDBURY ROAD WILMINGTON, NC 28411	56-2149290	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COLLINS CHILDREN'S HOME 110 COLLINS HOME DRIVE SENECA, SC 29679	57-0689153	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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COMFORT ZONE CAMP 6606 WEST BROAD STREET RICHMOND, VA 23230	54-1916517	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMON GROUND MONTGOMERY 1516 MOBILE ROAD MONTGOMERY, AL 36108	20-4172444	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY CHILD CARE COUNCIL OF SONOMA COUNTY 131 A STONY CIRCLE SUITE 300 SANTA ROSA, CA 09401	94-2274620	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CONNECTABILITY 46 MEMORIAL DRIVE DAHLONEGA, GA 30533	20-4813763	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL FOR CHILDREN'S RIGHTS 601 EAST FIFTH STREET CHARLOTTE, NC 28202	56-1325184	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CRADLES TO CRAYONS 30 CLIPPER ROAD CONSHOHOCKEN, PA 19428	04-3584367	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROSSROADS CENTER FOR CHILDREN 1136 NORTH WESTCOTT RD STE 100 SCHENECTADY, NY 12306	14-1809027	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CULINARY ARTS KIDS EAT 2279 INDIA STREET LOS ANGELES, CA 90039	55-0751563	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CURE CHILDHOOD CANCER ASSOCIATION 200 WESTFALL ROAD ROCHESTER, NY 14620	51-0215037	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DAYSTAR FOR MEDICALLY FRAGILE CHILDREN 700 LAC DE VILLE BOULEVARD ROCHESTER, NY 14618	26-3275794	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOWN SYNDROME ASSOCIATION OF GREATER TOLEDO PO BOX 298 SYLVANIA, OH 43560	34-1354191	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HIGHWAY DETROIT, MI 48207	27-5106242	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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ELWYN 111 ELWYN ROAD ELWYN, PA 19063	23-1352117	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EMMANUEL CANCER FOUNDATION 67 WALNUT AVENUE CLARK, NJ 07066	22-2459774	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EN GEDI 355 RONALD STREET CEDAR SPRINGS, MI 49319	38-3569279	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EPIC - EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALOO, NY 14202	16-1160182	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF NC 500 WEST NORTHWEST BOUEVARD WINSTONSALEM, NC 27105	58-1443692	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EXTRA SPECIAL PEOPLE 189 VFW DRIVE WATKINSVILLE, GA 30601	58-1710803	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIND DESIGN 1502 WAXMAN LA VERGNE, TN 37086	47-2471327	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAIRFAX COURT APPOINTED SPECIAL ADVOCATES 4103 CHAIN BRIDGE ROAD FAIRFAX, VA 22030	54-1555197	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FAMILIES AND CHILDREN TOGETHER 304 HANCOCK STREET BANGOR, ME 04401	01-0483192	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILIES OF AUTISTIC CHILDREN IN TIDEWATER 520 VIKING DRIVE VIRGINIA BEACH, VA 23452	54-1824385	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FAMILY SOLUTIONS 1836 FREMONT STREET ASHLAND, OR 97520	93-0605594	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FAMILY SUPPORT NETWORK 1015 S PLACENTIA AVE FULLERTON, CA 92831	33-0248195	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FOLDS OF HONOR 8551 N 125TH E AVENUE OWASSO, OK 74055	75-3240683	501C3	2,006,150	0			FUND SCHOLARSHIP PROGRAM FOR CHILDREN OF FALLEN OR DISABLED SERVICE MEMBERS
FRESH YOUTH INITIATIVES 505 WEST 171ST STREET NEW YORK, NY 10032	13-3723207	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FRIENDS PROGRAM INC 202 N STATE STREET CONCORD, NH 03301	02-0326855	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GATEWAY LONGVIEW 10 SYMPHONY CIRCLE BUFFALO, NY 14201	16-0743081	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GEORGE JUNIOR REPUBLIC 233 GEORGE JUNIOR ROAD GROVE CITY, PA 16127	25-1536204	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GEORGIA CENTER FOR CHILD ADVOCACY PO BOX 17770 ATLANTA, GA 30316	58-1762069	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS INC OF WASHINGTON COUNTY 626 WASHINGTON AVENUE HAGERSTOWN, MD 21742	23-7052207	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INCORPORATED OF THE GREATER CAPITAL REGION 962 ALBANY STREET SCHENECTADY, NY 12307	14-1434157	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF NEW ORLEANS 5500 PRYTANIA STREET NEW ORLEANS, LA 70115	27-2773219	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GLENWOOD INC 150 GLENWOOD LANE BIRMINGHAM, AL 35242	23-7396710	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GRATIOT COUNTY CHILD ADVOCACY ASSOCIATION 525 N STATE STREET SUITE 4 ALMA, MI 48801	38-2179785	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GWEN'S GIRLS 711 WEST COMMONS STREET THIRD FLOOR FLOOR PITTSBURGH, PA 15212	75-3114136	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GWINNETT SEXUAL ASSAULT CENTER PO BOX 1329 DULUTH, GA 30096	58-1762829	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HALEY'S HEART FOUNDATION 4455 CEDAR BLUFF ROAD LEBANON, TN 37087	27-3240970	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HAND IN HAND 14 EAST CASINO ROAD EVERETT, WA 98208	01-0962762	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HARBOR HOUSE 808 CONIFER STREET TOMS RIVER, NJ 08753	22-2672209	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HEARING AND SPEECH AGENCY 5900 METRO DRIVE BALTIMORE, MD 21215	52-0591577	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOLDING HOPE 325 WOODBRIDGE DRIVE ETTERS, PA 17319	46-1108847	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HOPES PARKS 6424 N 9TH STREET TACOMA, WA 98406	91-0598103	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INNER COUNTY OUTREACH 529 EDMUND ST ABERDEEN, MD 21201	31-1578102	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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INTEGRAL YOUTH SERVICES 115 NORTH 10TH STREET KLAMATH FALLS, OR 97601	93-0981933	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JAMES L MCKEOWN BOYS & GIRLS CLUB OF WOBURN 40 HUDSON STREET WOBURN, MA 01801	04-2301953	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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JOHN W HEREFORD BOYS & GIRLS CLUB OF HUNTINGTON 520 EVERET STREET HUNTINGTON, WV 25702	55-0439995	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JOSHUA GROUP 1442 MARKET STREET HARRISBURG, PA 17103	31-1672530	501C3	40,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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JUNIOR ACHIEVEMENT OF CENTRAL CAROLINAS 201 S TRYON ST SUITE LL100 CHARLOTTE, NC 28202	56-0672085	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JUNIOR ACHIEVEMENT OF GREATER NEW ORLEANS INC 5100 ORLEANS AVENUE NEW ORLEANS, LA 70124	72-0469314	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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JUNIOR ACHIEVEMENT OF SACRAMENTO 3800 WATT AVENUE SUITE 285 SACRAMENTO, CA 95865	94-6080866	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KALAMAZOO COUNTY CHILD ABUSE & NEGLECT PREVENTION COUNCIL 420 E ALCOTT STREET KALAMAZOO, MI 49001	38-2221084	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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KERN PARTNERSHIP FOR CHILDREN AND FAMILIES 100 E CALIFORNIA AVENUE BAKERSFIELD, CA 93302	20-5536572	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KIDDS SOCIETY INC 1250 OLD STATE RD 64 NEW SALISBURY, IN 47161	46-6382912	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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KIDS IN NEED FOUNDATION 3055 KETTERING BLVD DAYTON, OH 45439	31-1437587	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LINDSEY'S PLACE CAMP 1 DIAMOND CAUSEWAY SUITE 21 SAVANNAH, GA 31406	30-0467257	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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LITTLE FLOWER CHILDREN & FAMILY SERVICES OF NEW YORK 2450 NORTH WADING RIVER ROAD WADING RIVER, NY 11792	11-1633572	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LONG BEACH BLAST - BETTER LEARNING AFTER SCHOOL TODAY 737 PINE AVENUE SUITE 201 LONG BEACH, CA 90813	33-0967215	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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LUZERNE COUNTY CHILD ADVOCACY CENTER 187 HANOVER STREET WILKESBARRE, PA 18702	46-4517112	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MAKING KIDS COUNT 7178 WEST BOULEVARD SUITE E BOARDMAN, OH 44512	27-3159463	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MARLEY'S MISSION 2150 PORT ROYAL ROAD CLARKS SUMMIT, PA 18411	27-1458718	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MCS FOUNDATION P O BOX 9023547 SAN JUAN, PR 00902	66-0870996	501C3	50,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MINDING YOUR MIND 124 SIBLEY AVENUE ARDMORE, PA 19003	20-8448707	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MOTIVATIONAL RECOVERY ENVIRONMENTS 600 ALBANY AVENUE AMITYVILLE, NY 11701	46-2975228	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MY PLACE TEEN CENTER 755 MAIN STREET WESTBROOK, ME 04092	01-0509578	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NACDS FOUNDATION 1776 WILSON BLVD STE 200 ARLINGTON, VA 22209	51-0144922	501C3	50,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NATIONAL DOWN SYNDROME SOCIETY 1602 L STREET NW SUITE 925 WASHINGTON, DC 20036	13-2992567	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEVER DOWN FOR THE COUNT YOUTH SERVICES 207 E RIVER CADILLAC, MI 49601	47-3029297	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVER TOO LATE 564 HIDDEN CREEK MONTICELLO, GA 31064	47-4253760	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEW PATHWAYS FOR CHILDREN 3311 SHAW ROAD MELBER, KY 42609	61-1297776	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NORTHEAST YOUTH CENTER 3004 E QUEEN AVENUE SPOKANE, WA 99217	71-0886315	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NORTHWEST ASSOCIATION FOR BLIND ATHLETES PO BOX 65265 VANCOUVER, WA 98665	26-0244283	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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OFFERING ALTERNATIVE THERAPY WITH SMILES 3090 WEIDEMANN DRIVE CLARKSTON, MI 48348	38-3380357	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ONE CHILD CENTER FOR AUTISM 201A BULIFANTS BOULEVARD WILLIAMSBURG, VA 23187	46-3311567	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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OPERATION SAFEHOUSE 9685 HAYES STREET RIVERSIDE, CA 92503	33-0326090	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ORANGE COUNTY CHILDREN'S THERAPEUTIC ARTS CENTER 2215 N BROADWAY 1 SANTA ANA, CA 92706	33-0930891	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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OREGON CHILDREN'S FOUNDATION - SMART 101 SW MARKET STREET PORTLAND, OR 97201	93-1051724	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
ORVILLE AREA BOYS & GIRLS CLUB 820 N ELLA STREET ORRVILLE, OH 44667	34-1003436	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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OUR HOUSE 173 BOULEVARD NE ATLANTA, GA 30312	58-1743333	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PALMER HOME FOR CHILDREN PO BOX 746 COLUMBUS, MS 39703	64-0334999	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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PARA LOS NINOS 500 LUCAS AVENUE LOS ANGELES, CA 90017	95-3443276	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PETER'S PLACE 150 N RADNOR-CHESTER ROAD RADNOR, PA 19087	23-3062819	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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PINWHEEL PLACE P O BOX 257 RED BANK, NJ 07724	47-5186070	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PREVENT CHILD ABUSE KENTUCKY 801 CORPORATE DRIVE SUITE LEXINGTON, KY 40503	61-1111813	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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PREVENT CHILD ABUSE VIRGINIA 2211 DICKENS RD RICHMOND, VA 23230	54-1149882	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PROMISES2KIDS FOUNDATION 9400 RUFFIN COURT SUITE A SAN DIEGO, CA 92123	95-3655288	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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QSAC INC 253 WEST 35TH STREET NEW YORK, NY 10001	11-2482974	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
QUEST YOUTH ORGANIZATION INC 272 MACDONOUGH STREET BROOKLYN, NY 11233	55-0858436	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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REFLECTIONS OF GRACE FOUNDATION 11811 QUARTER HORSE DRIVE NORTH HUNTINGDON, PA 15642	26-3943927	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RENAISSANCE YOUTH CENTER 3485 THIRD AVENUE BRONX, NY 10456	13-4122438	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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RICHSTONE FAMILY CENTER 13620 CORDARY AVENUE HAWTHORNE, CA 90250	23-7373745	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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STRONG YOUTH INC 599 JERUSALEM AVENUE UNIONDALE, NY 11553	11-3590740	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SAFECHILD 864 W MORGAN STREET RALEIGH, NC 27603	56-1817816	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SAMARITAN HOUSE 4031 PACIFIC BOULEVARD SAN MATEO, CA 94403	23-7416272	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SARAH HEINZ HOUSE ONE HEINZ STREET PITTSBURGH, PA 15212	25-0965390	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SAYNO 492 SOUTH COURT STREET MONTGOMERY, AL 36104	63-1049388	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SETON HILL CHILD SERVICES INC 226 SOUTH MAPLE AVENUE GREENSBURG, PA 15601	25-1158755	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SILVERLEAF SEXUAL TRAUMA RECOVERY SERVICES 751 S PROVIDENT WAY ELIZABETHTOWN, KY 42701	61-1354945	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SOMERSET HOME FOR TEMPORARILY DISPLACED CHILDREN 49 BRAHMA AVENUE BRIDGEWATER, NJ 08807	23-7061564	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SOUTH BRONX UNITED 594 GRAND CONCOURSE SUITE 2 BRONX, NY 10451	26-4064041	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS GEORGIA 4000 DEKALB TECHNOLOGY PARKWAY ATLANTA, GA 30340	23-7201676	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SPECIAL OLYMPICS RHODE ISLAND 370 GEORGE WASHINGTON HWY SMITHFIELD, RI 02917	05-0377867	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL OLYMPICS WASHINGTON P O BOX 19014 SPOKANE, WA 99219	91-0962383	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SPECIAL PEOPLE IN NORTHEAST INC 10501 DRUMMOND ROAD PHILADELPHIA, PA 19154	23-1742920	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
STARS 1704 CHARLOTTE AVENUE NASHVILLE, TN 37203	62-1285699	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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TENNYSON CENTER FOR CHILDREN 2950 TENNYSON STREET DENVER, CO 80212	61-1458290	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHASE HOME FOR CHILDREN 698 MIDDLE ROAD PORTSMOUTH, NH 03801	02-2229191	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE CHILDREN'S CANCER FOUNDATION INC 5570 STERRETT PLACE SUITE 204 COLUMBIA, MD 21044	52-1319756	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE CHILDREN'S VILLAGE 400 EAST FORDHAM ROAD BRONX, NY 10458	13-1739945	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE FAMILY SUPPORT CENTER 1760 W 4805 S TAYLORSVILLE, UT 84129	87-0359719	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE GOOFY GATORS 81 BIG OAK ROAD SUITE 110 MORRISVILLE, PA 19067	47-4304330	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE HOUSE OF THE GOOD SHEPHERD 1550 CHAMPLIN AVENUE UTICA, NY 13502	15-0532199	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE NEW YORK CENTER FOR CHILDREN 333 EAST 70TH STREET NEW YORK, NY 10021	95-4502444	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE RAISE FOUNDATION 2900 BRISTOL ST SUITE J-201 COSTA MESA, CA 92626	33-0240178	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE VISTA SCHOOL 1021 SPRINGBOARD DRIVE HERSHEY, PA 17033	25-1865368	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE WOODLANDS 134 SHENOT ROAD WEXFORD, PA 15090	25-1818538	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THINGS OF MY VERY OWN INC 1011 CHEYENNE RD SCOTIA, NY 12302	90-0370316	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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TIOGA COUNTY BOYS AND GIRLS CLUB 201 ERIE STREET OWEGO, NY 13827	15-0610883	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TOMORROW'S CHILDREN'S FUND 30 PROSPECT AVENUE HACKENSACK, NJ 07601	13-3155199	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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TOMORROW'S LEADERS NYC 327 FOUNTAIN AVENUE BROOKLYN, NY 11208	45-3943245	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TREEHOUSE 2100 24TH AVE S SUITE 200 SEATTLE, WA 98144	91-1425676	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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TULARE YOUTH SERVICE BUREAU INC 327 S K STREET TULARE, CA 93274	94-1748204	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TURNING POINTS FOR CHILDREN 415 S 15TH STREET PHILADELPHIA, PA 19146	23-1352272	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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UNIQKID INC 3159 FLATBUSH AVENUE BROOKLYN, NY 11224	46-4352780	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED WAY OF THE CAPITAL REGION 2235 MILLENNIUM WAY ENOLA, PA 17025	23-1352095	501C3	120,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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VALLEY ACHIEVEMENT CENTER 1721 WESTWIND DRIVE BAKERSFIELD, CA 93301	95-4638631	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VARIETY CHILDREN'S CHARITY OF THE DESERT 74-040 HIGHWAY 111 STE L-231 PALM DESERT, CA 92260	33-0278817	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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VIRGINIA BEACH COURT APPOINTED SPECIAL ADVOCATES 2425 NIMMO PARKWAY VIRGINIA BEACH, VA 23456	54-1708340	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISTA DEL MAR CHILD AND FAMILY SERVICES 3200 MOTOR AVENUE LOS ANGELES, CA 90034	95-1647832	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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VISTA MARIA 20651 W WARREN DEARBORN HEIGHTS, MI 48127	38-1359262	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VOICES FOR CHILDREN 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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WATERBURY YOUTH SERVICE SYSTEM INC 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WATTS WILLOWBROOK BOYS & GIRLS CLUB 1339 E 120TH STREET LOS ANGELES, CA 90059	95-1945829	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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WEISS CHILD ADVOCACY CENTER 515 EAST STREET FLINT, MI 48503	43-2031361	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WEST VIRGINIA CHILD ADVOCACY NETWORK 601 MORRIS STREET CHARLESTON, WV 25301	38-3784521	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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WESTMORELAND CHILDREN FIRST PO BOX 273 GREENSBURG, PA 15601	57-1983203	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WINDHAM COUNTY SAFE PLACE CHILD ADVOCACY CENTER 112 HARDWOOD WAY BRATTLEBORO, VT 05301	27-2468249	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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WINGS FOR KIDS 476 MEETING STREET CHARLESTON, SC 29403	57-1055054	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WOODBURY CHILD DEVELOPMENT CENTER 36 CARPENTER STREET WOODBURY, NJ 08096	22-1890424	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH ADVOCACY CENTER OF LEWIS COUNTY 1911 COOKS HILL ROAD CENTRALIA, WA 98531	45-4614768	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE SUITE 207 SHREVEPORT, LA 71106	58-1727972	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH SERVICE INC 410 N 34TH STREET PHILADELPHIA, PA 19104	23-1365076	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTHCARE 2500 NE 54TH STREET SEATTLE, WA 98105	91-0917079	501C3	10,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RITE AID FOUNDATION

Employer identification number
25-1892843

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	Yes								
	4c	Yes								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TRACY HENDERSON DIRECTOR CHARITABLE GIVING	(i)	0	0	0	0	0	0	
	(ii)	183,873	0	0	0	8,164	192,037	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINES 4B-C	BOARD MEMBERS IN THEIR CAPACITY AS MANAGEMENT OF RITE AID CORPORATION PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AND EQUITY-BASED COMPENSATION ARRANGEMENTS

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RITE AID FOUNDATION

Employer identification number

25-1892843

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OF THE OFFICERS OF THE FOUNDATION HAVE A BUSINESS RELATIONSHIP THROUGH RITE AID CORPORATION WITH EACH OTHER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	RITE AID CORPORATION EMPLOYEES PROVIDE VARIOUS MANAGEMENT SERVICES TO THE FOUNDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THIS QUESTION IS REALLY NOT APPLICABLE (RATHER THAN NO) DUE TO THE FACT THAT THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE COMPLETED FORM 990 AND RELATED SCHEDULES IS REVIEWED BY THE FOUNDATION TREASURER, MANAGER, AND INTERNAL ACCOUNTING TEAM THE FOUNDATION MANAGER ALSO MEETS WITH A REPRESENTATIVE OF THE ACCOUNTING FIRM THAT PREPARED THE FORM 990 AND RELATED SCHEDULES TO DISCUSS THE CONTENT AND ANSWER ANY QUESTIONS OF THE REVIEW TEAM FINAL CHANGES, IF ANY, ARE THEN MADE TO THE FORM 990 AND RELATED SCHEDULES THE REVIEW TEAM APPROVES THE FINAL COPY OF THE IRS FORM 990 AND RELATED SCHEDULES AND THE FINAL COPY IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY EVERY RITE AID ASSOCIATE REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ALL MEMBERS OF THE RITE AID FOUNDATION BOARD OF DIRECTORS AND MANAGEMENT TEAM ARE RITE AID ASSOCIATES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND MAILED TO REQUESTOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE RITE AID FOUNDATION

Employer identification number

25-1892843

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) RITE AID CORPORATION 200 NEWBERRY COMMONS ETTERS, PA 17319 23-2308342	NATIONAL RETAIL DRUGSTORE CHAIN	DE	N/A	C					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)