

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 16,970,060

F Name and address of principal officer
BYRON PURCELL
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)	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	12
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)	13,771,654	14,172,573
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	221,113	429,867
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,828	142,167
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,203,595	14,744,607
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,795,839	11,222,815
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)	364,358	398,219
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,160,197	11,621,034
19 Revenue less expenses Subtract line 18 from line 12	6,043,398	3,123,573
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	44,496,127	46,085,600
21 Total liabilities (Part X, line 26)	5,862,229	4,328,129
22 Net assets or fund balances Subtract line 21 from line 20	38,633,898	41,757,471

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: 2019-09-02
BYRON PURCELL TREASURER Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
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 \$ 11,505,240 including grants of \$ 11,222,815) (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 ▶ 11,505,240

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23 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>		24a No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b
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?		24c
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d
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>		25a 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>		25b 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>		26 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>		27 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>		28a 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>		28b 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>		28c No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		29 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>		30 No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		31 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>		32 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>		33 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>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a 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>		35b
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>		36 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>		37 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	38 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 37	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 14	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: DC, AL, AK, AR, AZ, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, NV
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: TREASURER 30 HUNTER LANE CAMP HILL, PA 17011 (717) 975-5809

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	X		X				0	207,740	15,658
(9) KERMIT CRAWFORD PRESIDENT/DIRECTOR	40 00	X		X				0	0	0
(10) BILL RENZ VP/DIRECTOR	2 00 40 00	X		X				0	0	0
(11) GAYLE RIFE FOUNDATION MANAGER/ASSISTA	30 00 10 00			X				0	78,658	7,044

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	2,290,143		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,882,430		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		14,172,573		

Program Service Revenue	Business Code				
2a _____					
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
9 Total. Add lines 2a-2f					

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		429,867			429,867	
	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 \$ 2,290,143 of contributions reported on line 1c) See Part IV, line 18	a		2,367,620			
		b Less direct expenses	b	2,225,453			
c Net income or (loss) from fundraising events			142,167			142,167	
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		14,744,607	0	0	572,034		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,827,315	10,827,315		
2 Grants and other assistance to domestic individuals See Part IV, line 22	395,500	395,500		
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	327,425	282,425	45,000	
b Legal				
c Accounting	40,775		40,775	
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)	18,550		18,550	
12 Advertising and promotion				
13 Office expenses	6,204		6,204	
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	5,265		5,265	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,621,034	11,505,240	115,794	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	9,180,360	1	10,601,423
	2 Savings and temporary cash investments	31,406,406	2	32,209,897
	3 Pledges and grants receivable, net	1,607,000	3	1,577,104
	4 Accounts receivable, net	300,000	4	0
	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	2,002,361	15	1,697,176
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,496,127	16	46,085,600	
Liabilities	17 Accounts payable and accrued expenses	38,600	17	40,775
	18 Grants payable	5,358,628	18	3,972,454
	19 Deferred revenue	465,001	19	314,900
	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	5,862,229	26	4,328,129
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,954,699	27	6,941,672
	28 Temporarily restricted net assets	31,679,199	28	34,815,799
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	38,633,898	33	41,757,471	
34 Total liabilities and net assets/fund balances	44,496,127	34	46,085,600	

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	14,744,607
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,621,034
3	Revenue less expenses Subtract line 2 from line 1	3	3,123,573
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,633,898
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	41,757,471

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 25-1892843

Name: THE RITE AID FOUNDATION

Form 990 (2018)

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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 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 **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	17,156,290	12,877,831	12,920,618	13,771,654	14,172,573	70,898,966
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	17,156,290	12,877,831	12,920,618	13,771,654	14,172,573	70,898,966
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						70,898,966

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	17,156,290	12,877,831	12,920,618	13,771,654	14,172,573	70,898,966
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,354	52,315	125,120	221,113	429,867	839,769
9 Net income from unrelated business activities, whether or not the business is regularly carried on		383,037	145,569	210,828	142,167	881,601
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						72,620,336

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 2018 (line 6, column (f) divided by line 11, column (f))	14	97.630 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	97.950 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
	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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 25-1892843

Name: THE RITE AID FOUNDATION

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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 7/25/06, 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
- | | | |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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.

1. (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	17,400,150
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	430,090	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	2,225,453	
e	Add lines 2a through 2d		2e	2,655,543
3	Subtract line 2e from line 1		3	14,744,607
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	14,744,607

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	14,276,577
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	430,090	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,225,453	
e	Add lines 2a through 2d		2e	2,655,543
3	Subtract line 2e from line 1		3	11,621,034
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	11,621,034

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, 2018 AND 2017, 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 2015, 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	DIRECT FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING EVENT REVENUES

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EVENT EXPENSES NETTED WITH FUNDRAISING EVENT REVENUES

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.

		(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))
Revenue	1 Gross receipts	4,657,763			4,657,763
	2 Less Contributions	2,290,143			2,290,143
	3 Gross income (line 1 minus line 2)	2,367,620			2,367,620
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	813,517			813,517
	7 Food and beverages	70,845			70,845
	8 Entertainment				
	9 Other direct expenses	1,033,411	307,680		1,341,091
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,225,453
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				142,167

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.

		(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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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	153	395,500			
(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
ANTI-DRUG & ALCOHOL CRUSADERS INC 50-52 N 52ND STREET PHILADELPHIA, PA 19139	23-2573812	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BAY AREA OUTREACH & RECREATION PROGRAM 3075 ADELIN ST STE 200 BERKELEY, CA 94703	94-2324340	501C3	15,000	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
BERKELEY YOUTH ALTERNATIVES 1255 ALLSTON WAY BERKELEY, CA 94702	94-1711728	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF CAMARILLO 1500 TEMPLE AVE CAMARILLO, CA 93010	95-6194547	501C3	20,000	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
BOYS & GIRLS CLUB OF CAMDEN COUNTY 2 S DUDLEY STREET CAMDEN, NJ 08105	22-3670025	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF FONTANA 7723 ALMERIA AVENUE FONTANA, CA 92336	33-0443344	501C3	15,000	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
BOYS & GIRLS CLUB OF GREATER NASHUA 6020 NICOLLE ST STE D VENTURA, CA 93003	95-2248919	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF GREATER VENTURA 1227 BERRYHILL ST HARRISBURG, PA 17104	23-1352043	501C3	25,000	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
BOYS & GIRLS CLUB OF HARRISBURG 1227 BERRYHILL ST HARRISBURG, PA 17104	23-1352043	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF MASSILLON 730 DUNCAN ST SW MASSILLION, OH 44647	34-0726102	501C3	25,000	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
BOYS & GIRLS CLUB OF MENIFEE VALLEY 26301 GARBANI ROAD MENIFEE, CA 92584	46-2167670	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF SAN MARCOS 1 POSITIVE PL SAN MARCOS, CA 92069	95-3330218	501C3	30,000	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
BOYS & GIRLS CLUB OF SANTA CLARA VALLEY 1400 E HARVARD BLVD SANTA PAULA, CA 93060	95-2497853	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUB OF THE FOOTHILLS 600 S SHAMROCK AVE MONROVIA, CA 91016	95-4453545	501C3	25,000	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
BOYS & GIRLS CLUBS OF BELLEVUE 209 100TH AVENUE NE BELLEVUE, WA 98004	91-0776451	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF CENTRAL ORANGE COAST 17701 COWAN STE 110 IRVINE, CA 92614	95-1893417	501C3	25,000	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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BOYS & GIRLS CLUBS OF DELAWARE 669 S UNION ST WILMINGTON, DE 19805	51-0068712	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF GARDEN GROVE INC 10540 CHAPMAN AVE GARDEN GROVE, CA 92840	95-6112702	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF GLOUCESTER COUNTY 123 E HIGH ST GLASSBORO, NJ 08028	54-2075655	501C3	20,000	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	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF KING COUNTY 9453 COPPERTOP LOOP NE BAINBRIDGE ISLAND, WA 98110	91-0532600	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF METRO LOS ANGELES 800 S FIGUEROA STREET SUITE 950 LOS ANGELES, CA 90017	81-0851473	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF OAKLAND INC 3300 HIGH STREET 2ND FLOOR OAKLAND, CA 94619	94-1279794	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF OCEANSIDE 401 COUNTRY CLUB LN OCEANSIDE, CA 92054	95-1744805	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF PORTLAND METROPOLITAN AREA 8203 SE 7TH AVE STE 100 PORTLAND, OR 97202	93-0474800	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 90401	95-1890706	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY 9502 19TH AVE SE STE F EVERETT, WA 98208	91-0549511	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND 3875 S 66TH ST STE 101 TACOMA, WA 98409	91-0759832	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF SOUTHEASTERN MICHIGAN 26777 HALSTED RD FARMINGTON HILLS, MI 48331	38-1387123	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF SYRACUSE 2100 E FAYETTE ST SYRACUSE, NY 13224	15-0532240	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF THE VIRGINIA PENINSULA 11825 ROCK LANDING DRIVE CHESAPEAKE BUILDING NEWPORT NEWS, VA 23606	54-0538202	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE 889 JONATHAN AVENUE AKRON, OH 44306	34-1351557	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS & GIRLS CLUBS OF WHITTIER 7905 GREENLEAF AVE WHITTIER, CA 90602	95-6151763	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS AND GIRLS CLUB OF ANAHEIM INC 1260 NORTH RIVIERA STREET ANAHEIM, CA 92801	33-0356284	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS AND GIRLS CLUB OF VISTA 410 W CALIFORNIA AVE VISTA, CA 92083	95-2266749	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS AND GIRLS CLUBS OF CARLSBAD 2730 BRESSI RANCH WAY CARLSBAD, CA 92009	95-2131503	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS AND GIRLS CLUBS OF GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO, CA 95824	68-0338324	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS CLUB OF BUENA PARK 7758 KNOTT AVE BUENA PARK, CA 90620	95-1808525	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS HOPE GIRLS HOPE OF DETROIT PO BOX 21085 DETROIT, MI 48221	38-2536444	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS HOPE GIRLS HOPE OF NEW YORK 367 CLERMONT AVE BROOKLYN, NY 11238	13-2990982	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO 9619 GARFIELD BLVD GARFIELD HTS, OH 44125	34-1534921	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
BOYS HOPE GIRLS HOPE OF SOUTHERN CALIFORNIA 17701 COWAN STE 150 IRVINE, CA 92614	36-3734433	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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BROOKLYN MUSIC SCHOOL 126 ST FELIX ST BROOKLYN, NY 11217	11-6000202	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CARNEGIE LIBRARY OF PITTSBURGH 4400 FORBES AVE PITTSBURGH, PA 15213	25-0965281	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CENTRAL DETROIT CHRISTIAN COMMUNITY DEVELOPMENT CORPORATION 1550 TAYLOR AVE DETROIT, MI 48206	38-3128822	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CHILDREN'S BUREAU OF SOUTHERN CALIFORNIA 1910 MAGNOLIA AVE LOS ANGELES, CA 90007	95-1690975	501C3	15,000	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 MIRACLE NETWORK HOSPITALS 205 W 700 S SALT LAKE CITY, UT 84101	87-0387205	501C3	1,128,754	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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CLEVELAND PLAY HOUSE 1901 E 13TH ST STE 200 CLEVELAND, OH 44114	34-6515260	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY 11870 MONARCH ST GARDEN GROVE, CA 92841	95-2452787	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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COMMUNITY YMCA OF EASTERN DELAWARE COUNTY 2104 GARRETT RD LANDSDOWNE, PA 19050	23-1614045	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
CRADLES TO CRAYONS 30 CLIPPER ROAD CONSHOHOCKEN, PA 19428	04-3584367	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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DESERT SANCTUARY INC 703 EAST MAIN STREET BARSTOW, CA 92311	95-3837425	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DMF YOUTH INC 320 WEST 83RD STREET NEW YORK, NY 10024	47-1189284	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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DOWNTOWN BOXING GYM YOUTH PROGRAM 6445 E VERNOR HIGHWAY DETROIT, MI 48207	27-5106242	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
DRUEDING CENTER 413 W MASTER STREET PHILADELPHIA, PA 19122	23-1532883	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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EASTERN MARKET CORPORATION 2934 RUSSELL ST DETROIT, MI 48207	32-0030432	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EDUCATIONWORKS 990 SPRING GARDEN ST STE 601 PHILADELPHIA, PA 19123	22-3798916	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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END 68 HOURS OF HUNGER 7 TWINS RD RAYMOND, NH 03077	45-0998251	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
EVERFI INC 3299 K STREET NW 4TH FLOOR WASHINGTON, DC 20007			1,741,000	0			FUND HEALTH AND WELLNESS PROGRAM FOR PUBLIC SCHOOLS

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FAMILY SUPPORT CIRCLE INC 2059 E CHELTEN AVE PHILADELPHIA, PA 19138	23-3077910	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FEEDING AMERICA RIVERSIDE SAN BERNARDINO 2950 JEFFERSON STREET RIVERSIDE, CA 92504	33-0072922	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FOCUS HOPE 1200 OAKMAN BLVD DETROIT, MI 48238	38-1948285	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOLDS OF HONOR 8551 N 125TH E AVENUE OWASSO, OK 74055	75-3240683	501C3	72,492	0			FUND SCHOLARSHIP PROGRAM FOR CHILDREN OF FALLEN OR DISABLED SERVICE MEMBERS

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FOOD FINDERS 3744 N INDUSTRY AVE 401 LAKEWOOD, CA 90712	33-0412749	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FOOD LITERACY CENTER 2973 3RD AVE SACRAMENTO, CA 95817	45-3973268	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE 800 TIDEWATER DR NORFOLK, VA 23504	52-1219783	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FORGOTTEN HARVEST 21800 GREENFIELD RD OAK PARK, MI 48237	38-2926476	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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FOUNDATION FOR EDMONDS SCHOOL DISTRICT PO BOX 390 LYNNWOOD, WA 98046	91-1296816	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
FRESH YOUTH INITIATIVES 505 WEST 171ST STREET NEW YORK, NY 10032	13-3723207	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRL SCOUTS IN THE HEART OF PENNSYLVANIA 350 HALE AVE HARRISBURG, PA 17104	24-0795960	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRL SCOUTS OF CENTRAL MARYLAND INC 4806 SETON DRIVE BALTIMORE, MD 21215	52-0780207	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRL SCOUTS OF NORTHERN CALIFORNIA 1650 HARBOR BAY PKWY STE 100 ALAMEDA, CA 94502	94-1551410	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INC OF ALAMEDA COUNTY 510 16TH STREET OAKLAND, CA 94612	94-1558073	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS INC OF LONG ISLAND 819 GRAND BLVD DEER PARK, NY 11729	16-1736254	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS INC OF NEW HAMPSHIRE 63 MARKET ST MANCHESTER, NH 03101	23-7416090	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS INCORPORATED OF ORANGE COUNTY 1815 ANAHEIM AVE COSTA MESA, CA 92627	95-1810150	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN CAPITAL AREA 525 NORTH 12TH STREET LEMOYNE, PA 17043	27-5095044	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN DELAWARE 220 CONTINENTAL DR STE 112 NEWARK, DE 19713	20-2751642	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN LONG ISLAND 49 JETMORE PLACE MASSAPEQUA, NY 11758	27-4753030	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN MONTGOMERY AND DELAWARE COUNTIES PA PO BOX 502 AMBLER, PA 19002	46-3078645	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN NYC 81 PROSPECT ST BROOKLYN, NY 11201	27-0131315	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF GREATER SACRAMENTO PO BOX 19602 SACRAMENTO, CA 95819	45-0507288	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF GREATER SUMMIT DBA GIRLS ON THE RUN NORTHEAST OHIO 8929 BRECKSVILLE ROAD REAR UNIT BRECKSVILLE, OH 44141	47-0991498	501C3	30,000	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
GIRLS ON THE RUN OF HAMPTON ROADS 287 INDEPENDENCE BLVD STE 120 VIRGINIA BCH, VA 23462	38-3777474	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF HARFORD AND CECIL COUNTIES 202 BLUM CT 151 BEL AIR, MD 21015	47-2154092	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF HUNTERDON BUCKS AND WARREN COUNTIES 63 MAIN ST STE 207 FLEMINGTON, NJ 08822	36-4598518	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF LANCASTER PO BOX 262 LANDISVILLE, PA 17538	27-0200927	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF LOS ANGELES COUNTY 556 S FAIR OAKS AVE PASADENA, CA 91105	20-5115367	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF NORTHWEST OHIO 6024 RENAISSANCE PLACE TOLEDO, OH 43623	45-2510404	501C3	22,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF PORTLAND METRO 2337 NW YORK ST SUITE 202E PORTLAND, OR 97210	74-3207794	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF PUGET SOUND 1404 E YESLER WAY 201 SEATTLE, WA 98122	84-1618574	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN OF SILICON VALLEY INC PO BOX 510 LOS GATOS, CA 95031	01-0628076	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN OF SNOHOMISH COUNTY 19701 SCRIBER LAKE RD STE 101 LYNNWOOD, WA 98036	47-3083211	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN ORANGE COUNTY 2549 EASTBLUFF SUITE 156 NEWPORT BEACH, CA 92660	80-0847328	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GIRLS ON THE RUN PHILADELPHIA 40 W EVERGREEN AVE STE 104 PHILADELPHIA, PA 19118	46-1274689	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GIRLS ON THE RUN WESTSOUND PO BOX 1003 TRACYTON, WA 98383	46-2162341	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GLASSBORO CHILD DEVELOPMENT CENTERS 31 S MAIN ST GLASSBORO, NJ 08028	22-1910475	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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GOOD SHEPHERD SERVICES 305 7TH AVENUE 9TH FLOOR NEW YORK, NY 10001	13-5598710	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
GRAND STREET SETTLEMENT INC 80 PITT ST NEW YORK, NY 10002	13-5562230	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HARK-ALS INC 5 PIROZZI LN HILLSBOROUGH, NJ 08844	45-2768674	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HARRISBURG AREA YMCA 805 NORTH FRONT STREET HARRISBURG, PA 17102	23-1665437	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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HEALTHY SMILES FOR KIDS OF ORANGE COUNTY 2101 E FOURTH ST SANTA ANA, CA 92840	38-3675065	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
HOPE FOR AMERICA INC 8398 W OUTER DR DETROIT, MI 48219	81-4911826	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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IMPROVE YOUR TOMORROW 4429 NORTHGATE BLVD SUITE 5 SACRAMENTO, CA 95834	46-2981774	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
INTERVENTION CENTER FOR EARLY CHILDHOOD 17461 DERIAN AVENUE SUITE 114 IRVINE, CA 92614	95-3850651	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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ISLAND HARVEST FOOD BANK 15 GRUMMAN RD W STE 1450 BETHPAGE, NY 11714	11-3136350	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
JEWISH FEDERATION OF GREATER HARRISBURG 3301 N FRONT ST HARRISBURG, PA 17110	23-1352338	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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JOSHUA GROUP 1442 MARKET ST HARRISBURG, PA 17103	31-1672530	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
KENT COUNTY GIRLS ON THE RUN 4835 EASTERN AVE SE KENTWOOD, MI 49508	83-0465333	501C3	16,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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KEYSTONE COLLEGE 1 COLLEGE GREEN LA PLUME, PA 18440	24-0795441	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LEG UP FARM 4880 N SHERMAN STREET EXT MOUNT WOLF, PA 17347	23-2931834	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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LINCOLN 1266 14TH STREET OAKLAND, CA 94607	94-1156501	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
LOS ANGELES LGBT CENTER 1625 SCHRADER BLVD HOLLYWOOD, CA 90028	95-3567895	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MADISON SQUARE BOYS & GIRLS CLUB INC 733 THIRD AVE FL 2 NEW YORK, NY 10017	13-5596792	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MAGEE-WOMENS HOSPITAL OF UPMC 3380 BLVD OF THE ALLIES PITTSBURGH, PA 15213	25-0965420	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MANA DE SAN DIEGO 2515 CAMINO DEL RIO SOUTH SUITE 22 SAN DIEGO, CA 92108	33-0821060	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MANCHESTER BIDWELL 1815 METROPOLITAN STREET PITTSBURGH, PA 15233	25-1842945	501C3	400,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MAR VISTA FAMILY CENTER 5075 S SLAUSON AVE CULVER CITY, CA 90230	95-2647443	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MARATHON EDUCATION PARTNERS 610 SW ALDER STREET SUITE 921 PORTLAND, OR 97205	74-3062657	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MERCY HOUSING CALIFORNIA 2512 RIVER PLAZA DRIVE SUITE 200 SACRAMENTO, CA 95833	94-3081666	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MERCY NEIGHBORHOOD MINISTRIES OF PHILADELPHIA INC 1939 W VENANGO ST PHILADELPHIA, PA 19140	57-1144097	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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MIGHTY WRITERS 1501 CHRISTIAN ST PHILADELPHIA, PA 19146	01-0920922	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
MORRY'S CAMP INC 350 EXECUTIVE BOLEVARD SUITE 125 ELMSFORD, NY 10523	13-3851126	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NEIGHBORHOOD HOMEWORK HOUSE PO BOX 993 AZUSA, CA 91702	95-4713600	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NEW HOPE MINISTRIES 5228 E TRINDLE RD MECHANICSBURG, PA 17050	23-2223120	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NEW YORK ROAD RUNNERS INC 156 W 56TH ST NEW YORK, NY 10019	13-2949483	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
NIAGARA FALLS BOYS & GIRLS CLUB 725 17TH ST NIAGARA FALLS, NY 14301	16-0743093	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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NORRIS SQUARE NEIGHBORHOOD PROJECT 2141 N HOWARD ST PHILADELPHIA, PA 19122	23-2045157	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
OLIVET BOYS & GIRLS CLUB OF READING AND BERKS COUNTY INC 658 BEECH STREET POTTSTOWN, PA 19464	23-1365380	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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OUTDOORS FOR ALL FOUNDATION 6344 NE 74TH ST STE 102 SEATTLE, WA 98115	91-1085999	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PAGE AHEAD CHILDREN'S LITERACY PROGRAM 1130 NW 85TH ST SEATTLE, WA 98117	91-1600084	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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PROJECT ACCESS INC 2100 WEST ORANGEWOOD AVE SUITE 230 ORANGE, CA 92868	33-0834635	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
PROJECT SHARE OF CARLISLE 5 NORTH ORANGE STREET CARLISLE, PA 17013	27-0531231	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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QSAC INC 253 W 35TH STREET NEW YORK, NY 10001	11-2482974	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RAINBOW'S END YOUTH SERVICES 105 FAIRVIEW ST MOUNT JOY, PA 17552	23-2654513	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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REACH OUT AND READ INC 2400 NW 80TH ST 315 SEATTLE, WA 98117	04-3481253	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
RENAISSANCE YOUTH CENTER 3485 THIRD AVENUE BRONX, NY 10456	13-4122438	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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ROW NEW YORK 252 WEST 37TH STREET NEW YORK, NY 10018	11-3632924	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SACRED HEART COMMUNITY SERVICE 1381 S 1ST ST SAN JOSE, CA 95110	23-7179787	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SALEM FAMILY RESOURCE SUCCESS BY 6 24 SCHOOL STREET SALEM, NH 03079	56-2478920	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SANTA CLARITA VALLEY BOYS & GIRLS CLUB 24909 NEWHALL AVE NEWHALL, CA 91321	95-2572622	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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SARAH HEINZ HOUSE ASSOCIATION 1 HEINZ ST PITTSBURGH, PA 15212	25-0965390	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
SPECIAL PEOPLE IN NORTHEAST INC 10521 DRUMMOND RD PHILADELPHIA, PA 19154	23-1742920	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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STONE GARAGE INC 115 S UNION STREET KENNETT SQUARE, PA 19348	10-0007967	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TEAMCHILDREN 960 RITTENHOUSE RD AUDUBON, PA 19403	23-2308930	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE ARC GLOUCESTER 1555 GATEWAY BLVD WEST DEPTFORD, NJ 08096	21-0697151	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY INC 2244 N BUENA VISTA ST BURBANK, CA 91504	95-4485745	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE FIT KIDS FOUNDATION 2682 MIDDLEFIELD RD STE P REDWOOD CITY, CA 94063	27-4987709	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE FOOD TRUST 1617 JFK BLVD SUITE 900 PHILADELPHIA, PA 19103	23-2678383	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE FRED ROGERS COMPANY 2100 WHARTON ST STE 700 PITTSBURGH, PA 15203	25-1215087	501C3	500,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE GO PROJECT INC 50 COOPER SQUARE NEW YORK, NY 10003	27-1411019	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE PARKESBURG POINT YOUTH CENTER 700 MAIN STREET PO BOX 731 PARKESBURG, PA 19365	03-0399261	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE REFUGEE EDUCATION CENTER 2130 ENTERPRISE ST NE GRAND RAPIDS, MI 49508	06-1770896	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM

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THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE SALVATION ARMY 50 E KING STREET YORK, PA 17401	13-5562351	501C3	25,000	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
THE WOODEN FLOOR FOR YOUTH MOVEMENT 1810 N MAIN ST SANTA ANA, CA 92706	33-0299356	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF CARLISLE 301 G ST CARLISLE, PA 17013	23-1429866	501C3	15,000	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
THOMAS HOUSE TEMPORARY SHELTER 12601 MORNINGSIDE AVE UNIT 6 GARDEN GROVE, CA 92843	33-0204757	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TIGER WOODS FOUNDATION 121 INNOVATION DR STE 150 IRVINE, CA 92617	20-0677815	501C3	20,000	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
TRI-CITY HEALTH CENTER 40910 FREMONT BLVD FREMONT, CA 94538	23-7255435	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
TRIPS FOR KIDS MARIN 610 4TH ST SAN RAFAEL, CA 94901	68-0159458	501C3	30,000	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
UNION RESCUE MISSION 545 S SAN PEDRO ST LOS ANGELES, CA 90013	95-1709293	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	95-3665186	501C3	25,000	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
UNITED STATES ADAPTIVE RECREATION CENTER (USARC) PO BOX 2897 BIG BEAR LAKE, CA 92315	95-3872771	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
UNIVERSITY CITY SCIENCE CENTER 3711 MARKET STREET PHILADELPHIA, PA 19104	23-1645908	501C3	20,000	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
VARIETY - THE CHILDREN'S CHARITY OF THE DESERT 42600 COOK ST PALM DESERT, CA 92211	33-0278817	501C3	15,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VARIETY BOYS & GIRLS CLUB OF QUEENS INC 2112 30TH RD LONG IS CITY, NY 11102	11-6014770	501C3	20,000	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
VETRI FOUNDATION FOR CHILDREN 211 N 13TH ST STE 303 PHILADELPHIA, PA 19107	26-3552858	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VIA INTERNATIONAL 1955 JULIAN AVE SAN DIEGO, CA 92113	95-2961670	501C3	15,000	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
VIRGINIA PENINSULA FOODBANK 2401 ALUMINUM AVE HAMPTON, VA 23661	54-1422298	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
VISTA MARIA 20651 WEST WARREN AVENUE DEARBORN HEIGHTS, MI 48127	38-1359262	501C3	25,000	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
WEAR BLUE RUN TO REMEMBER 3427 MCDANIEL ST DUPONT, WA 98327	27-2165561	501C3	25,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
WEST VALLEY BOYS & GIRLS CLUB 7245 REMMET AVE CANOGA PARK, CA 91303	95-4419365	501C3	30,000	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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YMCA OF METROPOLITAN DETROIT 1401 BROADWAY ST DETROIT, MI 48226	38-1358055	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YMCA OF YORK AND YORK COUNTY 90 N NEWBERRY ST YORK, PA 17401	23-1352600	501C3	30,000	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
YORK COUNTY LIBRARY SYSTEM 159 E MARKET ST YORK, PA 17401	23-7394108	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER BRANDYWINE 1 E CHESTNUT ST WEST CHESTER, PA 19380	23-1365994	501C3	15,000	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
YOUNG MEN'S CHRISTIAN ASSOCIATION OF THE EAST BAY 2330 BROADWAY OAKLAND, CA 94612	94-1156635	501C3	30,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUNG MENS CHRISTIAN ASSOCIATION OF WILKES-BARRE INC 40 W NORTHAMPTON ST WILKES BARRE, PA 18701	24-0795638	501C3	25,000	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
YOUNG WOMENS CHRISTIAN ASSOCIATION OF YORK 320 E MARKET ST YORK, PA 17403	23-1360889	501C3	20,000	0			SUPPORT THE LOCAL HEALTH AND WELLNESS PROGRAM
YOUTH CHALLENGE 800 SHARON DR WESTLAKE, OH 44145	34-1396825	501C3	30,000	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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RITE AID FOUNDATION

Employer identification number
25-1892843

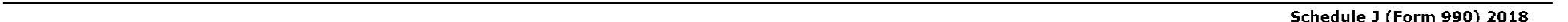
Part I Questions Regarding Compensation

	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>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<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>	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>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	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>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	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 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.

▶ Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Department of the Treasury

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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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)

Return Reference	Explanation